

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35100

22
7 1932

PLACE OF DEATH

County Christian Registration District No. 184
Township Holloway Primary Registration District No. 525p
City Highlandville Mo. St. _____ Ward _____

File No. _____
Registered No. 112

2. FULL NAME Belinda S. Lowers
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1858
7. AGE YEARS 82 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1
13. NAME Debon 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inf. not available
15. MAIDEN NAME Inf. not available
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inf. not available
17. INFORMANT (ADDRESS) Will Lowers Highlandville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville Mo. 110 DATE Jan 15 1932
19. UNDERTAKER (ADDRESS) W. B. Chaffin Mo. 110
20. FILED Dec 2 1932 Ruth Jamison Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1932 to Nov 14 1932
I last saw h. or alive on Nov 14 1932 Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) P. G. Stillman M. D.
(Address) Highlandville Mo

