

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 9 1933

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

Do not use this space.

35592

1. PLACE OF DEATH
48 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Independence (No. R.R. 5 Box 85)
2. FULL NAME Mary M. Lowry
(a) Residence, No. Gudgell & Hand St. _____ Ward. _____
(Usual place of abode)
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.

File No. _____
Registered No. 338
St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3rd 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Candlet Co 1
Missouri
13. NAME Quinn W. Wilsap
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT Mrs. Mattie M. Atwell
(ADDRESS) Gudgell & Hand
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Grove DATE Nov 4 1932
19. UNDERTAKER Carson Funeral Home
(ADDRESS) Independence, Mo
20. FILED Nov. 3 1932 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1932
22. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to Nov 2 1932
I last saw her alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Senile Myocarditis Date of onset _____
930
10:2
930
Other contributory causes of importance:
Senility (1)
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____
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 none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Capt. Allen _____ M. D.
(Address) Independence Mo

