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

Do not use this space.

File No. 20206

Registered No. 1850

1. PLACE OF DEATH

53 County Laclede — Registration District No. 449

Township Lebanon — Primary Registration District No. 5604

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME J. W. Lowry

(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

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1883

7. AGE: Years 50 Months 5 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

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) Laclede Co Mo

FATHER

13. NAME James Lowry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

MOTHER

15. MAIDEN NAME Rachel Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) G C Jones Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL Lebanon Cemetery DATE June 22 1933

19. UNDERTAKER (ADDRESS) Holman & Stewart

20. FILED Jun 22 1933 J. M. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1933, to Jan 21, 1933

I last saw him alive on Jan 21, 1933 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary T.B.	
23A 23	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms 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) H. A. Hamilton, M. D.

(Address) Lebanon, Mo.

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.

JUL 21 1933