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.

NOV 10 1933

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

Do not use this space.

85

32271

1. PLACE OF DEATH

11 County Buchannon — Registration District No. 1001 — File No. 32271

5 Township — Primary Registration District No. — Registered No. 1029

7 City St. Joseph (No. St Joseph's Hospital St. Ward)

2. FULL NAME James Lowe

(a) Residence. No. St., Ward. Barnett, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Reading.
(STATE OR COUNTRY) Pennsylvania.

PARENTS

10. NAME OF FATHER John Lowe.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Ireland.

12. MAIDEN NAME OF MOTHER Margaret Boyland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Ireland.

14. INFORMANT J. B. Cummins
(Address) Maryville Mo

15. FILED 10-18 1933 John R. Benders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 1933

17. I HEREBY CERTIFY, That I attended deceased from Oc 18/33, 19..., to Oc 18, 1933 that I last saw h..... alive on Oc 18, 1933, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis from perforation of stomach ulcer
1178 (duration) 12 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic gastritis
1170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Bolcow Mo

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) J. G. Morrison, M. D.

Oc 18, 1933 (Address) 825 Charles

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Conception Mo ~~Cummins Fam C~~	10-20 1933
20. UNDERTAKER	ADDRESS
Cummins Fam C	Maryville Mo