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.

32277

1. PLACE OF DEATH

County Buchanana — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2636 Olive St. Ward)

File No.

Registered No. 1036

2. FULL NAME Mary L. Lower,

(a) Residence, No. 2636 Olive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James K. Lower,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12, 1858

7. AGE: YEARS 75 — MONTHS 4 — DAYS 7 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) October 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison County, Missouri,

FATHER

13. NAME: Wilford W. Roberts,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois,

MOTHER

15. MAIDEN NAME: Priscilla Brady,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT (ADDRESS): James K. Lower 2636 Olive Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walnut Grove Cem DATE Oct. 21, 1933

19. UNDERTAKER (ADDRESS): Heaton-Beggole & Bowman 319 So. 10th St. Funeral Home

20. FILED 10-20, 1933 John R Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw her alive on 19th of Oct 1933. Death is said to have occurred on the date stated above, at 9:05 p.m.

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

Mitral regurgitation

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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) Dr John M Spencer, M.D.

(Address) St Joseph Mo