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.

Cty

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

Do not use this space. 37570

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 208

City Moberly, Mo (No. 701 Fisk St. Ward)

2. FULL NAME 701 Fisk Eva M. Lowell

(a) Residence, No. 701 Fisk 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: 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 R. Lowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25th 1854

7. AGE: YEARS 79 MONTHS 2 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. At Home

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): Pa

FATHER

13. NAME: Henry W. McLellan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER

15. MAIDEN NAME: Eva Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): J. R. Lowell Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly, Mo DATE 11-4 1933

19. UNDERTAKER (ADDRESS): Mahan & Son Moberly, Mo.

20. FILED 11/4 1933 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 2, 1933

I last saw her alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 7:00 P.m.

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

Date of onset

Senility

162

Other contributory causes of importance:

162

Name of operation — Date of

What test confirmed diagnosis? — 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 ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. O. Nickell, M. D.

(Address) Moberly Mo.