

26 1934

WRITE PAINLY, 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.

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

Do not use this space.

40328

5138

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 809 Bales) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mildred Helen Lowe  
(a) Residence, No. 809 Bales 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1853

7. AGE YEARS 80 MONTHS 8 4 DAYS 30 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Eaton Mo. (STATE OR COUNTRY)

13. NAME Geo M. Waller

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Smith

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

17. INFORMANT Mary M. Lowe (ADDRESS) 809 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kans DATE Jan 1 1934

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. 11thwood

20. FILED Dec 31 1933 m m Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 33 .1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1933 to Dec 30 1933  
I last saw her alive on Dec 29 1933. Death is said to have occurred on the date stated above, at 8:54 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic pneumonia with acute decompensation Date of onset 12/29/33  
Chronic myocarditis 12/29/33  
Acute respiratory infection 12/26/33  
Senility  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physic 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) C. Vincent \_\_\_\_\_, M. D.  
(Address) 4202 E 74th

4202 E. 24