

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

Do not use this space.

W 28 1934

1. PLACE OF DEATH

58 County Lenox Registration District No. 5.00 File No. 40655
 Township Jefferson Primary Registration District No. 5.665 Registered No. 14
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Russ Lowden

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Luna Lowden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 12 7

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

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) Ohio

13. NAME William Lowden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast Ireland

15. MAIDEN NAME Rubel

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

17. INFORMANT Mrs. Luna Lowden (ADDRESS) Sumner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE LaClede Mo. DATE Dec. 16, 1933

19. UNDERTAKER (ADDRESS) H. J. Hooper LaClede Mo.

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 13, 1933. I last saw him alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 4 A. m. The principal cause of death and related causes of importance were as follows:

Perinephrotic Abscess beginning with an acute pyelitis. Date of onset 1933

Other contributory causes of importance: 132A / 530

Name of operation None Date of _____ What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

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) J. M. Hardy _____, M. D. (Address) Sumner Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 25 92

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Allen
Township Jefferson
City Ross Landing (No.)

Registration District No. 500
Primary Registration District No. 5665

File No.
Registered No. 14
St. Ward)

2. FULL NAME

(a) Residence, No.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1935

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

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

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE.....19.....

(Signed)....., M.
(Address).....

19. UNDERTAKER (ADDRESS)

20. FILED 12/15 1935 J. N. Bunker Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION, CAUSE OF DEATH in plain terms, so that it may be properly classified.

S-40655