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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4997
Township KAW — Primary Registration District No. — Registered No. 782
City KC (No. 1215, Michigan St. Ward)

2. FULL NAME Annie Lowery
(a) Residence, No. 1215 Michigan 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: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 3 1872
7. AGE: YEARS 61 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE MAID
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): KENTUCKY

FATHER
13. NAME: EDD TOOMER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER
15. MAIDEN NAME: ANNIE LIGGINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

17. INFORMANT (ADDRESS): 1215 MICHIGAN AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE: West Lawn DATE: 2-15 1934
19. UNDERTAKER (ADDRESS): Doyle Bros. 1708 Grand
20. FILED: 2/14 1934 M. M. Crowe Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934 to Feb. 10, 1934
I last saw her alive on Feb. 10, 1934 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma — Date of onset 12-10-33
46 B
125 B
97
46

Other contributory causes of importance:
Sub acute hepatitis with Arteriosclerosis

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) D. M. Miller, M. D.
(Address) 1509 E 18 - KC Mo