MAR 24 1934

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

Do not use this space.

7511

1. PLACE OF DEATH
County: Sullivan (105)
Township: Clay (6)
City: Newtown (1) (No. ..... St. ..... Ward)

Registration District No. 853
Primary Registration District No. 4519

File No. .....
Registered No. 4

2. FULL NAME Laura A. Lowry

(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Albert E Lowry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	11	12	

OCCUPATION

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

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) Sullivan Co.
(STATE OR COUNTRY) Mo.

FATHER

13. NAME John L Corbin

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

MOTHER

15. MAIDEN NAME Sarah Jane Baldridge

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co
(STATE OR COUNTRY) Mo

17. INFORMANT Albert Lowry
(ADDRESS) Newtown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howard DATE 2-8 1934

19. UNDERTAKER Roth Reel
(ADDRESS) Newtown

20. FILED Feb. 13 1934 Ruth Henderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 6 1934 to Feby 6 1934
I last saw h. alive on Feby 6 1934 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 6

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) A W Wedner, M. D.
(Address) Newtown Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD