

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

Do not use this space.

**1. PLACE OF DEATH**

County Christian Registration District No. 185-  
Township Bruner Primary Registration District No. 6257  
City Farmer (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12235  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Elizabeth Ann Lowe

(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 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 Richard Lowe  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26<sup>th</sup> 1849  
7. AGE YEARS 84 MONTHS 10 DAYS 6 IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27<sup>th</sup> 1934  
22. I HEREBY CERTIFY, That I attended deceased from April 1<sup>st</sup> 1934 to April 2<sup>nd</sup> 1934  
I last saw her alive on April 1<sup>st</sup> 1934 Death is said to have occurred on the date stated above, at 3-15 A.M.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Christian Co Mo  
FATHER 13. NAME Harvey Burkhart  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
MOTHER 15. MAIDEN NAME Annie Roberts  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
17. INFORMANT Harvey Loveland (ADDRESS) 13444<sup>th</sup> Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Boston Cem DATE Apr 3 34  
19. UNDERTAKER Kathryn Chaffin (ADDRESS) Sparta Mo  
20. FILED 4-8 1934 Mrs. C. B. Clemons Registrar.

The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy Date of onset Jan 8 201  
Other contributory causes of importance:  
Name of operation none 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) H. J. Wise, M. D.  
(Address) Sparta 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.

