

SEP 13 1934

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

Do not use this space.

28689

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishersview Primary Registration District No. 3-11
City Excelsior Springs (No. _____) St. _____ (Ward)

File No. 105
Registered No. _____

2. FULL NAME

Clara M. Lowry
(a) Residence, No. 784 Magnolia St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. E. Lowry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 - 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Clay Co Mo</u>		
MOTHER	13. NAME <u>Lafayette Munkis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Lydia Ann Brooks</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Mo</u>		
17. INFORMANT <u>F. A. Lowry</u> (ADDRESS) <u>Liberty, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo</u> DATE <u>Aug 19 1934</u>		
19. UNDERTAKER <u>Claude Prichard</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
20. FILED <u>8-18 1934</u> <u>Mon</u> <u>Rea</u> <u>M. C. Emerson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-13 1931 to 8-17 1934
I last saw h. alive on 8-18 1934 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Typhoid
Chronic Typhoid
Arterio Sclerosis
Date of onset _____

Other contributory causes of importance
Cerebral Hemorrhage, 1931

Name of operation Neg Date of _____
What best confirmed diagnosis? Arterio Sclerosis Where 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? No
If so, specify _____
(Signed) [Signature] M. D.
(Address) Excelsior Springs

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.

