

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

Do not use this space.

MAR 27 1935

6226

1. PLACE OF DEATH

County Newton Registration District No. 609
Township Neosho Primary Registration District No. 5808
City (No.) St. Ward

File No. 153
Registered No. _____

2. FULL NAME Amanda Caroline 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James C. Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2-1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 13
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) (STATE OR COUNTRY) Neosho

13. NAME Jessy B. Lee

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

15. MAIDEN NAME Lucy J. Russell

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

17. INFORMANT (ADDRESS) Mrs. Mada Turner
Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry Co. Mo DATE Feb. 17 1935

19. UNDERTAKER (ADDRESS) W. W. Hayward
Neosho Mo

20. FILED Feb. 15 1935 Dr. E. M. Roseberry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1935

22. I HEREBY CERTIFY that I attended deceased from Feb 7 1935 to Feb 15 1935, 19____
I last saw her alive on Feb 7 1935 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia (Date of onset Feb 1 1935)

Other contributory causes of importance:
Influenza (Date of onset Jan 20 1935)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 Dr. E. M. Roseberry, M. D.
(Sign) Dr. E. M. Roseberry
(Address) Neosho, Mo.

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.

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Dr. E. M. Roseberry

