

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

Do not use this space.

MAY 20 1935

12811

1. PLACE OF DEATH

County ADAIR
Township CLAY
City R-R KIRKSVILLE MO (No. _____)

Registration District No. 1023
Primary Registration District No. 5006

File No. _____
Registered No. 69
St. _____ Ward _____

2. FULL NAME LOGAN LOWE

(a) Residence, No. 6 MILE N E OF KIRKSVILLE MO Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 Alice Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 29th 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
84 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER . RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN
10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Bloomfield
(STATE OR COUNTRY) BOON HILL DAVIS CO IOWA

13. NAME OREDIA LOWE
14. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)
15. MAIDEN NAME KATHRINE OWENS
16. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

17. INFORMANT GRAHAM LOWE
(ADDRESS) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL BETHEL CEMETERY
PLACE DATE 4-5-35

19. UNDERTAKER DAVIS & WILSON
(ADDRESS) KIRKSVILLE MO

20. FILED Apr 8 1935 Spencer Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1935
22. I HEREBY CERTIFY, That I attended deceased from 3-7-35 to 3-16-35
I last saw living on 3-16-35 Death is said to have occurred on the date stated above, at 89 m.
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus Date of onset _____

Other contributory causes of importance: 59
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) W. J. Farmer M. D.
(Address) Kirksville, Mo.

