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.

MAY 21 1935

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 11957
Township — Primary Registration District No. 1001 — Registered No. 386
City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME Dr Ernest Lowry
(a) Residence, No. Excelsior Springs Mo Ward. Excelsior Hgs Mo
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871
7. AGE YEARS 64 MONTHS ✓ DAYS ✓ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) Columbia Mo

FATHER
13. NAME Joseph Lowry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

MOTHER
15. MAIDEN NAME Anne Gilespie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo DATE April 3 1935
19. UNDERTAKER (ADDRESS) H O Sidenfuden 1802 Union St St Joseph Mo
20. FILED 4-2 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1935
22. I HEREBY CERTIFY, That I attended deceased from Mch 9 1934 to Apr 1 1935
I last saw him alive on Apr 1 1935 Death is said to have occurred on the date stated above, at 7:58 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 4-1-35
Other contributory causes of importance: Cerebro Arteriosclerosis Indefinite
Name of operation No Date of
What test confirmed diagnosis? Lab & Clin Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 No
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forest Thomas Coroner, M. D.
(Address) St Joseph Mo by Dr B E Miles