FEB 20 1936

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

Do not use this space.

1410

File No.

Registered No. 1663

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City, Mo (No. 4116 Walnut St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME David Martin Lower
(a) Residence, No. 4116 Walnut 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Lower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1851

7. AGE: Years 84 | Months 2 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor
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) Harrisburg Pennsylvania

FATHER
13. NAME Ed Lower
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Ann Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mary J. Lower 4116 Walnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE Jan. 18, 1936

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 5811 Broadway

20. FILED Jan 17, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1935, to January 16, 1936
I last saw him alive on January 13, 1936. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensating Heart.	[illegible]

Other contributory causes of importance:

Myocarditis (chronic) and Chronic Nephritis.	[illegible]

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) E. J. Eggerman, M. D.
(Address) 703 Walthern Bldg. K.C. 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Dr. E. J. E. Evans
Wal[illegible]
Thursday until 1100 PM
Friday 12 to 4 PM