

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.

APR 20 1936

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

Do not use this space.

10414

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Iron a Bar Primary Registration District No. 5337A
City Blue Springs R.F.D. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Calvin D. Lowe

(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Dike Co. Mo

MOTHER FATHER 13. NAME Calvin Lowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

15. MAIDEN NAME Mary E Moore

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

17. INFORMANT R. J. Lowe (ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE 3-4-1936

19. UNDERTAKER R. B. Burk (ADDRESS) Blue Springs Mo

20. FILED April 1936 F. W. North Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935, to March 2, 1936
I last saw him... alive on March 2, 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver Date of onset 1936

Other contributory causes of importance: W

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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. G. Howe, M. D.
(Address) Blue Springs, Mo

