MAY 25 1936

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

Do not use this space.

16487

1. PLACE OF DEATH
County: Putnam Co Registration District No.: 719
Township: [illegible] Primary Registration District No.: 5-950
City: ..... No. ..... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME: Lettie E. Keller Lowe
(a) Residence, No. Graysville 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Judge Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12 1876
7. AGE: Years 60 Months 10 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.: House wife
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): 4-12-36
11. Total time (years) spent in this occupation: 30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Iowa

FATHER
13. NAME: Francis Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): France

MOTHER
15. MAIDEN NAME: Elmira Hearld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Iowa

17. INFORMANT (ADDRESS): Forest Holland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McCune Cemetery DATE: ..... 19..

19. UNDERTAKER (ADDRESS): Mayes Funeral Home Mgr

20. FILED April 14 19 36 Dr C C Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936 to April 13, 1936
I last saw her alive on April 12, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic anemia	Mos 2
[illegible]	

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) J H Keller M. D.
(Address) Lancaster 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.

TOUM-3-28-33