

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.

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

Do not use this space.

JUN 17 1936

19640

1. PLACE OF BIRTH

County

Township

City

Jackson
Kaw
Kansas City, Mo.

Registration District No.

Primary Registration District No.

City

399

1002

City

Research Hosp.

File No.

Registered No.

St.

21543

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos. 12 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Willis Lowman

Smithville, Mo.

(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)

single

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

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

10-15-1869

7. AGE

YEARS

66

MONTHS

7

DAYS

12

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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

66 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clay County Mo.

13. NAME

Ephriham Lowman

FATHER

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

Ohio

MOTHER

15. MAIDEN NAME

Andran Aber

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

Clay Co, Mo.

17. INFORMANT (ADDRESS)

A. P. Lowman
Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE
Bass Cemetery, Smithville, Mo. May 28, 1936

19. UNDERTAKER (ADDRESS)

McLoyas Mortuary
Smithville, Mo.

20. FILED

5/27, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1936, to May 27, 1936

I last saw him alive on May 27, 1936. Death is said

to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gangrene left lower limb
Sclerotic (non-diabetic)

Other contributory causes of importance:

Uremia
G. E.

Name of operation

Amputation Date of 5-27-36

What test confirmed diagnosis? Was there an autopsy? 24

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) A. P. Lowman, M. D.

(Address) Smithville, Mo.

