

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

Do not use this space.

27587

1. PLACE OF DEATH

County Phelps Registration District No. 677
 Township _____ Primary Registration District No. 4403
 City Rolla (No. Rolla Hospital) St. _____ Ward _____

File No. _____
 Registered No. 87
 St. _____ Ward _____

2. FULL NAME

Vivian Laverne Lowrey,
 (a) Residence, No. Bucyrus, Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Bucyrus, Missouri
 (STATE OR COUNTRY)

13. NAME Warren D. Lowrey

14. BIRTHPLACE (CITY OR TOWN) Phelps County, Kansas
 (STATE OR COUNTRY)

15. MAIDEN NAME Helen Post,

16. BIRTHPLACE (CITY OR TOWN) Phelps County, Kansas
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Helen Lowrey
 (ADDRESS) Bucyrus, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bucyrus, Mo. DATE July 25, 1936

19. UNDERTAKER Warren D. Lowrey
 (ADDRESS) Bucyrus, Mo.

20. FILED July 24, 1936 Jos. F. Ceyer
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1936 to July 24, 1936

I last saw her alive on July 24, 1936. Death is said to have occurred on the date stated above, at 1:55 P.M.

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

Cholera Infantum

Date of onset

Other contributory causes of importance:

Boils

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?

If so, specify _____

(Signed) W. J. McFarland, M. D.

(Address) Rolla, 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.

