OCT 20 1936

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

Do not use this space.

33732

File No.

Registered No. 1201

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. Mercy Hospital, St. Ward)

2. FULL NAME James K. Lower,

(a) Residence, No. 2636 Olive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1854

7. AGE: Years 81 | Months 11 | Days 23 | 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. Farm,

10. Date deceased last worked at this occupation (month and year) September 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER

13. NAME Isaac Lower,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER

15. MAIDEN NAME Matilda Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Miss Birdie B. Lower
(ADDRESS) 2636 Olive Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove Cem. DATE Sept. 23, 1936

19. UNDERTAKER Keaton Bigale & Bowman
(ADDRESS) 319 So. 10th, St. Funeral Home

20. FILED 9-22, 1936 N. J. Mittelbach
By E. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1936, to Sept. 21st, 1936

I last saw him alive on Sept. 21st, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

	Date of onset
Lobar pneumonia	9/18
108	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. 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) Dr John Spencer M. Dr

(Address) 7 & Kansas St. St Joseph 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.