

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

Do not use this space.

OCT 20 1936

33770

1. PLACE OF DEATH

County Buchanan, Registration District No. 86
Township Washington, Primary Registration District No. 5127
City (No.) , St. Ward)

2. FULL NAME Marion W. Lower, R.F.D.# 1, St. Joseph, Mo.
(a) Residence, No. 3711 Frederick Blv'd St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 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 Sally Lower,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y. 13, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 8 0

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 1920
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

13. NAME Dennis Lower,

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

15. MAIDEN NAME Mary Schaffer,

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

17. INFORMANT Mrs. N. H. Van Bickle,
(ADDRESS) R. F. D. # 1, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City, Mo. DATE Sept. 15, 1936

19. UNDERTAKER Hector Belgale Bauman,
(ADDRESS) St. Joseph, Mo.

20. FILED Sept 14, 1936 R. W. Tadlock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13th, 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 9, 1936 to Sept 13, 1936
I last saw him alive on Sept 4, 1936 Death is said to have occurred on the date stated above, at 6:50 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio Sclerosis
Other contributory causes of importance:
Previous Cerebral Hemorrhage
2 times the blind in both eyes

Date of onset
Sept 1, 1936
Sept 7, 1936
1935
Sept.

Name of operation none Date of Sept.
What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? AT Date of injury Sept. 13, 1936

Where did injury occur at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury AT
Nature of injury AT

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Goodman, Dwight M.D. M. D.
(Signed) Sept 10, 1936 St. Joseph, Mo.
(Address)

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.

