NOV 27 1936

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

Do not use this space.

37425

1. PLACE OF DEATH
County Greene
Township Campbell
City ~~Springfield~~ (No. U. S Hospital St. Ward)

Registration District No. 318
Primary Registration District No. 5440

File No.
Registered No. 892

2. FULL NAME LOWE, William W.
(a) Residence, No. St., Ward. San Antonio, Texas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 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: Wife deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 - 1860

7. AGE: 76 YEARS: 76 MONTHS: 5 DAYS: 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chriopractor
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): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County, Mo.

FATHER
13. NAME: William W. Lowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Deceased

18. BURIAL, CREMATION, OR REMOVAL: Cash Lawn Cem
PLACE Springfield, Mo DATE 10-23-36, 19

19. UNDERTAKER (ADDRESS): Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED 10-22, 1936 [illegible] Registrar.
R J Brooks Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1936, 19, to Oct. 22, 1936, 19
I last saw him alive on Oct. 22, 1936, 19 Death is said to have occurred on the date stated above, at 3:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-22-36

Other contributory causes of importance:

Chronic Myocardial Fibrosis	1930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) E. W. Green, Asst. Surgeon, M. D.
(Address) Clinical Director, U.S. Hosp. for Defective Delinquents, Springfield 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD