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.

DEC 3 1936

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

Do not use this space.

38236

1. PLACE OF DEATH
County Lewis — Registration District No. 478 — File No.
Township Highland — Primary Registration District No. 5642 — Registered No. 15
City Durham (No. , St. Ward)

2. FULL NAME Mary Minnie Lowe
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22. 1856
7. AGE: 80 YEARS — MONTHS: 4 — 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. Housewife
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) (STATE OR COUNTRY) Knox Co. Mo.

FATHER
13. NAME Clement Primrose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Martha Primrose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ethel Stats E. St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Durham DATE Oct. 30, 1936
19. UNDERTAKER (ADDRESS) Thos. Ball Ewing Mo
20. FILED Nov 1, 1936 Anna K. Ball Registrar.
Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to Oct 28th, 1936
I last saw her alive on Oct 25th, 1936. Death is said to have occurred on the date stated above, at 7. 9. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Cardiac failure	
Hypertension	

Other contributory causes of importance: Senility

Name of operation Date of
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? 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 L. E. Carr, M. D.
(Address) La Grange Mo.