

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

Do not use this space.

FEB 17 1937

1170

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Bluff Primary Registration District No. 3019
 City Independence (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 23

2. FULL NAME

Mrs Sallie E Lowen Santerium
 (a) Residence, No. 322 N. Spring 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF City Lewis Lowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 30 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>3</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) St Louis Mo

13. NAME William Yeates

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mr. Bert Lowen
 (ADDRESS) 11228 Wimmer Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 4 1937

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence, Mo.

20. FILED 1-7-1937 F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 30 1936, to Jan 2 1937

I last saw her alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 3:30 AM.

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

Broncho Pneumonia Date of onset 12-30-36

Other contributory causes of importance 10/10

Name of operation none 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) W. Allen M. D.
 (Address) Independence 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.

