

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

24 County Crawford
Township East Hill
City Bourbon Mo (No. 2)

Registration District No. 234
Primary Registration District No. 3319

File No. 19864
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Walker Lowe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 24, 1866</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>-</u>	DAYS <u>99</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
13. NAME <u>William Lowe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
15. MAIDEN NAME <u>Emily Matlock</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs W. D. Lowe</u> <u>Rt 2 Bourbon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Family Cem</u> , DATE <u>9/15/36</u>		
19. UNDERTAKER (ADDRESS) <u>Elbert C Long</u> <u>Bourbon Mo</u>		
20. FILED <u>June 19 1937</u> <u>S. L. Rodgers</u> Registrar.		

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936 to Sept 13, 1936.
I last saw him alive on Sept 12, 1936. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus, Chronic

Date of onset Do not know

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Clinical History 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) E. L. Hume, M. D.
(Address) Bourbon, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

