

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.

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

Do not use this space.

84
3 JUL 31 1937

1. PLACE OF DEATH

County Ralls
Township Perry
City Perry (No. 1)

Registration District No. 727
Primary Registration District No. 4433

File No. 24657
Registered No. _____
Ward _____

2. FULL NAME

Mildred K. Lowery
(a) Residence, No. Perry mo. St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Lowery

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to June 9, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1869

I last saw her alive on 7th June 9, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

7. AGE YEARS 67 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

Pulmonary Edema Date of onset 6-9-37

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation all

Other contributory causes of importance: Coronary

Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

13. NAME J. O. Lowery

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Addie Harris (ADDRESS) Hannibal mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wolf Cemetery DATE 6/12 1937

19. UNDERTAKER Clyde C. Wilbey (ADDRESS) Perry Missouri

20. FILED 6/13 1937 Clyde C. Wilbey Registrar

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.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) John Brown, M. D. (Address) Perry mo

