

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

Do not use this space.

24933

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township _____ Primary Registration District No. 4470
 City University City (No. 7145 Waterman Ave.) St. _____ Ward _____

File No. _____
 Registered No. 59

2. FULL NAME Anna McDaniel Lowry

(a) Residence, No. 7145 Waterman Ave. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 15 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert K. Lowry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 14

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) Camden Tennessee

13. NAME Arch. G. McDaniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Tennessee

15. MAIDEN NAME Victoria Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Tennessee

17. INFORMANT (ADDRESS) Robert K. Lowry 7145 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden, Tenn. DATE June, 9, 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED June 6, 1937 Lena D. Moulder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan'y 15/32 to June, 1937

I last saw h. er alive on June 4th, 1937. Death is said to have occurred on the date stated above, at 9 P.m.

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

Hypertension (Arterio Sclerosis) Date of onset _____

Other contributory causes of importance: Cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Positive

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) A. H. Daniel, M. D.

(Address) 1460 So. Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 31 1937

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