

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

Do not use this space.

**OCT 19 1937**

33365

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City (No. 3315 Brooklyn)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3010  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Martha Phoebe Lowe

(a) Residence, No. R.F.D. #2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) N.K.C. (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 Milton Lowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
76 5 20

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) Holliday Mo.

13. NAME Benjamin Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Kentucky

15. MAIDEN NAME Martha Craig

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

17. INFORMANT Mary Adah Dudgeon (ADDRESS) R.F.D. #5 N.K.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Pk. DATE 9-23 27

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED Sept 21, 1937 M. M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937 to Sept 20, 1937

I last saw her alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Coronary Occlusion 9/20/37  
94B

Other contributory causes of importance: atherosclerosis

Name of operation W.D. Date of \_\_\_\_\_  
What test confirmed diagnosis W.D. Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? W.D. 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? W.D.  
If so, specify atherosclerosis (Signed) \_\_\_\_\_, M. D.  
(Address) W.D. Newcomer's Sons

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.

OCCUPATION

FATHER MOTHER

Commercial Relay

7/1/60