OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County JASPER
Township
City JOPLIN (No. 224 Byers St. Ward)
Registration District No. 411
Primary Registration District No. 2002
File No. 34507
Registered No.

2. FULL NAME James Robert Lowery
(a) Residence, No. 224 BYERS 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella B. Lowery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21-1872
7. AGE YEARS 65 MONTHS 7 DAYS 30 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Purdy Mo

FATHER
13. NAME Wm R Lowery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Emaline Provence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Ella B Lowery.
18. BURIAL, CREMATION, OR REMOVAL PLACE Purdy Mo DATE 9/21 37
19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin Mo
20. FILED 9-21 1937 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20 37

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to Sept. 20, 1937
I last saw him alive on Sept. 14, 1937. Death is said to have occurred on the date stated above, at 3 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	9-20-37
94B	
Other contributory causes of importance:	
Hypertension & myocardial failure	1934

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) O. T. Blanke, M. D.
(Address) 725 Frisco Bldg., Joplin, Mo.

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.

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