

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

Do not use this space.

**DEC 16 1937**

PLACE OF DEATH  
 County **Cooper**

Township **Kelley**

City (No. ....) .....

Registration District No. **219**

Primary Registration District No. **5299**

File No. **41073**

Registered No. ....  
 St. .... Ward)

2. FULL NAME **John George Lowe**

(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov, 20th, 1937**

5A. IF MARRIED, WHO WAS OR DIVORCED HUSBAND OF (or) WIFE OF **Mary Lowe**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 28**, 1937, to **Nov 20th**, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September, 7, 1857**

I last saw him alive on **Nov 10th**, 1937. Death is said to have occurred on the date stated above, at **11:35 A.M.**

7. AGE YEARS **80** MONTHS **2** DAYS **13** If LESS than 1 day, .... hrs. or .... min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**  
 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 .....

**Valvular Heart trouble** Date of onset .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

Other contributory causes of importance: **Acidity**

13. NAME **George Lowe**

Name of operation **none** Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME **Mary Lowe**

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT **Will Lowe** (ADDRESS) **Bunceton, Missouri**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Syracuse, Mo** DATE **Nov, 22, 1937**

Manner of injury .....

19. UNDERTAKER **Jewell E. Richards** (ADDRESS) **115 N. 1st St., MO**

Nature of injury .....

20. FILED **11-22-37** **Ann Whitaker** Registrar.

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
 If so, specify .....

(Signed) **W. A. Elliott**, M. D.

(Address) **Bunceton, Mo.**

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

