DEC 20 1937

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

Do not use this space.

41562

1. PLACE OF DEATH
County Jasper — Registration District No. 409 — File No.
Township — Primary Registration District No. 4242 — Registered No.
City Duenweg (No. Duenweg Mo St. Ward)

2. FULL NAME Caroline Winfield 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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer E. Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1854
7. AGE 62 — YEARS 83 — MONTHS 0 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife
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) N. Y.

FATHER
13. NAME C W Crest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Family Duenweg Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mill Cr. DATE 11-19-37
19. UNDERTAKER (ADDRESS) Hurlbut Lend Co Joplin Mo
20. FILED 11-18, 1937 Ed D Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to Nov 17, 1937
I last saw her alive on Nov 16th, 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:

	Date of onset
Chronic Myocarditis with Myocardial Degeneration	1926
Other contributory causes of importance: Chronic Nephritis	1930

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Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) P Lawson Jr M.D.
(Address) Joplin Mo

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.