

Missouri JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Rav Primary Registration District No. 1002  
City St. Mo. (No. 2011) Elmwood St.                      Ward                       
2. FULL NAME Hattie Ellen Lowery  
(a) Residence, No. 2011 Elmwood 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.

43985

File No.                       
Registered No. 4888  
St.                      Ward                     

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX f. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)  
5A.  MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess Lowery 1878  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25-1878  
7. AGE YEARS 59 MONTHS 7 DAYS 10 If LESS than 1 day,                      hrs. or                      min.  
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                     

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1937  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to December 5, 1937  
I last saw her alive on Dec. 5, 1937. Death is said to have occurred on the date stated above, at 1:30 PM.  
The principal cause of death and related causes of importance were as follows:  
Chr. Cardiac Disease  
Pericarditis  
Valvular Insufficiency  
Other contributory causes of importance: none  
Date of onset                     

12. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)                       
13. NAME William A. Evans  
14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)                       
15. MAIDEN NAME Mattha Michael  
16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)                       
17. INFORMANT Mrs. Jess Gray (ADDRESS) 1111 Paul Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Dec 6 1937  
19. UNDERTAKER Booths (ADDRESS) 1111 Paul Ave.  
20. FILED Dec 5 1937 M. M. Brown Registrar.

Name of operation no Date of no  
What test confirmed diagnosis? no Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury                     , 19                      
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. no  
Manner of injury no  
Nature of injury no  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                       
(Signed) Edw. E. Welch, M. D.  
(Address) 818 P. of Bldg.

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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