

REC'D MAY 16 1938

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

Do not use this space.

14849

1. PLACE OF DEATH

County Jackson
Township Blue
Farmington

Registration District No. 398
Primary Registration District No. 5554
(No. 107 South Ash)

File No. _____
Registered No. 1120
St. _____ Ward _____

2. FULL NAME

Thomas E. Lowall

(a) Residence, No. 107 South Ash 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1877
7. AGE YEARS 60 MONTHS 4 DAYS 26
If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Retired salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 years
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1938
22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938 to 4/12, 1938.
I last saw him alive on 4/12, 1938. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____
Other contributory causes of importance: Arteriosclerotic hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawa Kansas
13. NAME John Lowall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawa Kansas
15. MAIDEN NAME Josephine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
17. INFORMANT Emma A. Lowall
(ADDRESS) 107 South Ash
18. BURIAL, CREMATION, OR REMOVAL PLACE Osawa Kas DATE 4-13-38
19. UNDERTAKER George Blayson
(ADDRESS) Andip Mo
20. FILED 4-13-38 F. L. bank Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? re
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? _____
If so, specify _____
(Signed) Fred W. Smith, M. D.
(Address) Sugar Creek, 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.

