

REC'D JUL 14 1938

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

22835
Do not use this space.

3
1

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 77
(c) City Near Farmington (d) Street No. State Hospital No 4 St. Mo
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virdee May Loret Kirby Lowery
(a) Residence, No. Portageville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Loret Lowery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>28</u>	<u>09</u>	<u>26</u>	<u>6</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME J. N. Kirby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Veirgil Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Missouri DATE June 19, 1938

19. FUNERAL DIRECTOR Merdest and Co
(ADDRESS) Farmington, Mo.

20. FILED June 18, 1938 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-38 1938

22. I HEREBY CERTIFY That I attended deceased from June 11, 1938, to June 16, 1938
First saw her alive on 6-16, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:
Dementia Praecox Exhaustive State
Other contributory causes of importance: Bronchopneumonia terminal
Name of operation None Date of 6/14/38
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) C. C. Ault, M. D.
Farmington, Mo.
(Address) 6-1938

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. Corrected Aug 23 1938 by new certificate

STATEMENT BY LICENSED EMBALMER

I, C. J. Floyd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed C. J. Floyd
for Wendert & Co.
Licensed Embalmer No. 3527

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

Term of information should be... AG... stated EXACTLY, PHYSICIAN...
 DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION... important.
 This certificate is issued to replace the one issued in the name of Virdie
 May Lowery, which name was incorrectly given by the court doctor committing her.

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

Do not use this space.

2235

Supt.
State
Hosp.#4

PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City (near) Farmington (No.) St. Ward)

File No.
 Registered No. 77

FULL NAME Viridia May Kirby Lowery
 (a) Residence, No. Portageville, Mo. 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Lowery				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1910.				
7. AGE YEARS 27	MONTHS 89	DAYS 266	If LESS than 1 day,hrs. ormin.	
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.....				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas				
13. NAME J. N. Kirby				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known				
15. MAIDEN NAME Veirgil Martin				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee				
17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Missouri				
18. BURIAL, CREMATION, OR REMOVAL Cemetary of State Hospital #4 PLACE DATE Farmington, Mo. June 19, 1938				
19. UNDERTAKER Heidert Undertaking Co. (ADDRESS) Farmington, Mo.				
20. FILED Aug 5 1938 W. J. Robinson Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-16-38**, 19...

22. I HEREBY CERTIFY, That I attended deceased from **June 11**, 19**38**, to **June 16**, 19**38**
 I last saw her alive on **June 16**, 19**38** Death is said to have occurred on the date stated above, at **6:45p.m.**
 The principal cause of death and related causes of importance were as follows:
Dementia Praecox - exhaustive state Date of onset **Jan. 1938**
Other contributory causes of importance:
Bronchopneumonia, terminal **6-14-38**

SUPPLEMENT

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) **C. C. Ault**, M. D.
 (Address) **Farmington, Mo.**

S-22835

STATEMENT BY LICENSED EMBALMER

I, C. J. Floyd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me L.E.

No. _____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed C. J. Floyd
Garwood and Co.
Licensed Embalmer No. 3527

Note: The above must be signed by the Licensed Embalmer in his Own Handwriting.
(Failure to comply with the above constitutes grounds for revocation of license)