

REC'D SEP 21 1908

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

28547  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Greene Registration District No. 322  
 (b) Township Franklin Primary Registration District No. 5446  
 (c) City Fair Grove (d) Street No. \_\_\_\_\_  
 (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.

Registered No. 19**2. PRINT FULL NAME**

Matthew G. Lowder 360  
 (a) Residence, No. Fair Grove 100 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (under the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Lowder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 22 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) Wetzel Co Mo13. NAME George Lowder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Tenn15. MAIDEN NAME Judith McCall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) Ma Lowder Fair Grove Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Sept. 4 - 190819. FUNERAL DIRECTOR (NAME) (ADDRESS) L. B. Jones Buffalo Mo20. FILED Sept 3 1908 Allan Barnes Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 - 1908

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Aug 20, 1908  
 I last saw him alive on Aug 20, 1908 Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Nephritis chronic  
Myocardia and Heart  
had from fresh time  
of renal habit

Date of onset

Other contributory causes of importance:

Age 121

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) Albert Sparkes, M. D.(Address) Fair Grove Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**