

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.

SEP 8 1939

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

29384
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 410
 (b) Township Preston Primary Registration District No. 4243
 (c) City Jasper (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 3 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annias David Lowe
 (a) Residence, No. Jasper Co. Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ma Bell Lowe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1858
 7. AGE YEARS 80 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min. _____
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to August 29, 1939
 I last saw him alive on August 29, 1939. Death is said to have occurred on the date stated above, at 5 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
 Date of onset see year
131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME St. Clair Lowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Catherine Sills
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Mrs. Sadie Swanik (ADDRESS) Jasper Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE Aug 31 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter Bros Jasper Mo
 20. FILED Aug 31 1939 Clara E. Barnes Local Registrar.

Other contributory causes of importance: _____
 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) Chas. H. Schell Jr., M. D.
Jasper Mo (Address)

RECEIVED

District Health Officer No. 6,

District File Number 939-1736

Date Filed SEP 5 1939

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,

Phas J Teeter

or by

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

Signed *Phas J Teeter*

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

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.