

570 OCT 16 1939

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

31770  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30  
(b) Township \_\_\_\_\_ Primary Registration District No. 3003 Registered No. 32  
(c) City Monett (d) Street No. \_\_\_\_\_ St.  
(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 Gilbert H. Lowery

(a) Residence, No. Purdy, 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 Male 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 Susie Lowery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 4

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.  
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) Purdy, Missouri

FATHER 13. NAME Henderson Lowery,

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

MOTHER 15. MAIDEN NAME Amando Edwards,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

17. INFORMANT Mrs. Susie Lowery,  
(ADDRESS) Purdy, Mo.

18. BURIAL PLACE New Church DATE Sept. 18, 1939

19. FUNERAL DIRECTOR Callaway's,  
(ADDRESS) Monett, Mo.

20. FILED 9-10-39 W. M. West  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 16, 1939 to Sept 16, 1939  
I last saw him alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

acute myocardial failure  
93

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?  
If so, specify \_\_\_\_\_  
(Signed) Ernest Mitchell, M. D.  
(Address) Monett Mo.

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 1039-2084

Date Filed OCT 11 1939

DEC 6 1945

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179

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

..... L. E. ....

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

Signed J. D. Buchanan  
Licensed Embalmer No. 3179

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.)