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.

NOV 7 1939

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

Do not use this space.

36216

1. PLACE OF DEATH
County Holt
Township Lincoln
City near Corning (No. ..... St. ..... Ward)
Registration District No. 368
Primary Registration District No. 5574
File No.
Registered No.

2. FULL NAME Elmer E. Lowe

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Cora Lowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1867

7. AGE: YEARS 72 | MONTHS 7 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm
10. Date deceased last worked at this occupation (month and year) Oct. 21, 1939
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) M. P. G. Yowell Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Zion near Hiawatha DATE 10/25 1939

19. UNDERTAKER (ADDRESS) Schooler Bros. Craig, Mo.

20. FILED Oct. 24, 1939 Mrs. Susie Swan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

Accidental Burns in house fire

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-21, 1939
Where did injury occur? Near Corning Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in Home
Manner of injury Burns by fire
Nature of injury " " " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. C. Perrey Coroner, M. D.
329 (Address) Mound City, Mo.

CEIVED
...rict Health Officer No. 11
District File Number 1139-1435
...e Filed NOV 4
1939