

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

Do not use this space.

*JAN 15 1940*

43627

**1. PLACE OF DEATH**

County Jackson Registration District No. 39  
 Township Sni a bar Primary Registration District No. 55511  
 City Blue Springs (No. R.F.D.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Louis Lowe

(a) Residence, No. Blue Springs 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 M 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 Louisa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8th 1859

7. AGE YEARS 80 MONTHS \_\_\_\_\_ DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Farmer  
 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) Jackson co Mo

FATHER 13. NAME Calvin Lowe

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

MOTHER 15. MAIDEN NAME Moore, Mary

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

17. INFORMANT Mrs Louie Lowe  
 (ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL Dec 19 39  
 PLACE Loob Cemetery DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER R.B. Webb Blue Springs Mo  
 (ADDRESS)

20. FILED Dec 10 1940 F. W. Tuttle, M.D.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1939, to Dec 18, 1939

I last saw him alive on Dec 18, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

Hypertension

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholesterol 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) John W. Robertson, M. D.

(Address) Buckner Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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