

SEP 23 1940

MISSOURI STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

State File No. 29023
Registrar's No. _____

Registration District No. 518
Primary Registration District No. 5694

1. PLACE OF DEATH:
(a) County McDonald
(b) Township Anderson
(c) City or Town Anderson Ward 2
(d) Name of Hospital or Institution _____
(If not in hospital or institution write street number or location)
(e) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Benton
(c) City or town Bentonville, Ark.
(If outside city or town limits, write Rural Number)
(d) Street No. Gen. Del.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME William Dick Lowmaster

3(b) If veteran, name war No
3(c) Social Security No. None

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife Laura Lowmaster

6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 30 1871
(Month) (Day) (Year)

8. Age: 92 Years 6 Months 19 Days _____ hr. _____ min.
If less than one day

9. Birthplace Marion Center, Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER
12. Name Levi Lowmaster
13. Birthplace York, Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Butler
15. Birthplace Marion Center, Penn.
(City, town, or county) (State or foreign country)

16(a) Informant's own signature Mrs. J. E. Bailey

(b) P. O. address Anderson

17(a) Burial (b) Date thereof July 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Anderson Cemetery

18(a) Signature of funeral director Wm. J. Burd

(b) P. O. address Bentonville, Ark.

19(a) 7-13-40 (b) Mrs. Lee Hanger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month July day 11th year 1940
21. I hereby certify that I attended the deceased from Jan 1, 1940
to July 17, 1940; that I last saw him alive on
July 17, 1940, and that death occurred on the
date stated above at 10:25 P. M.

Immediate cause of death Senility

Date of Onset
7/31

Due to _____
162

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
462 no (Specify type of place)
While at work? no (e) Means of injury _____

23. Signature Wm. J. Burd
Address Anderson Date signed July 10 1940

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

- The trade, profession, or particular kind of work done.
- 10. Usual occupation.
- 11. Industry or business.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

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

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gall stones

Date of Onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

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

Attack of epilepsy

Ran over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of Onset

1 week ago

1 week ago

3 days ago

1 year

RECEIVED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

District Health Officer No. 6;

District File Number 940-2525

Date Filed SEP 15 1940