

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

Do not use this space.

NOV 23 1936

37209

1. PLACE OF DEATH

County Warren  
Township Benton  
City Chester (No. 1000)

Registration District No. 254  
Primary Registration District No. 4154

File No. 32  
Registered No. 32  
St. Warren Ward 1

2. FULL NAME

Chestina M. Lowrey

(a) Residence, No. 1000 St. Warren Ward 1  
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1872

7. AGE YEARS 64 MONTHS 2 DAYS ✓ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper  
10. Date deceased last worked at this occupation (month and year) no 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

13. NAME Newton Lowrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Sarah Holt

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

17. INFORMANT Clarence Lowrey (ADDRESS) Pattersonburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonburg Mo DATE Oct 3 1936

19. UNDERTAKER E. S. Gomer (ADDRESS) Pattersonburg Mo

20. FILED Oct 3 1936 Wm. C. Sutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1936 to Sept 26 1936

I last saw h. alive on Sept 26 1936. Death is said to have occurred on the date stated above, at 6 a.m.

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

Coronary disease & acute  
myocardial

Other contributory causes of importance

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) Frank Hedgcock, M. D.  
(Address) Pattersonburg

