

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.

JUL 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HarrisonRegistration District No. 334Township BethanyPrimary Registration District No. 4197City Bethany

(Not for use)

23799

File No.

Registered No. 52

St.

Ward

2. FULL NAME

(s) Residence, No. Marion Lowrey(Usual place of abode) Coffey

St.

Ward.

(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

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 OFIvea Lowrey

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

April 29-1914

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

231178. 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.Laborer10. 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)

Pattonburg Mo.

13. NAME

Ross Lowrey

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

15. MAIDEN NAME

Susie Smith

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

17. INFORMANT

(ADDRESS)

Roscoe Lowrey
Coffey Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pattonburg Mo.DATE 6-17-

1937

19. UNDERTAKER

(ADDRESS)

J. S. G. Palmer Pattonburg Mo.

20. FILED

6-16-1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 30, 1937, to June 16, 1937I last saw him alive on June 16, 1937 Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Ruptured Appendix

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of May 30-37What 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 L. Wood

(Address)

Bethany Mo.

X DO

