REC'D MAR 17 1938

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

Do not use this space.

6739

File No.

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 317

Township Pond Creek — Primary Registration District No. 5437

City Billings Mo. (No. 39, St., Ward)

2. FULL NAME Wm Marsall Lowry 52.0

(a) Residence, No. (Usual place of abode) 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Martha Lowry (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Greene County Missouri

FATHER

13. NAME George Lowry

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

MOTHER

15. MAIDEN NAME Anny Garoutte

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

17. INFORMANT (ADDRESS) Earl Lowry Billings Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Feb 19 1938

19. UNDERTAKER (ADDRESS) A. S. Wallace Billings Mo.

20. FILED Feb. 16 1938 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feby 12 1938 to Feby 16 1938

I last saw h~~e~~ alive on Feby 15 1938 Death is said to have occurred on the date stated above, at 11 45a m.

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

	Date of onset
Chronic Myocarditis	
93 C	

Other contributory causes of importance:

Name of operation Date of

What 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) F. F. Brown, M. D.

(Address) Billings Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SUM-V-22-38 1 X9316

Name