

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

Do not use this space.

10539

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 4111 Wayne)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 1000
St. _____ Ward _____

2. FULL NAME

Mrs. Martha Lowe
(a) Residence. No. 4111 Wayne Ave. St. 15 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 3 mos. - da. _____ How long in U.S., if of foreign birth? yrs. mos. da. _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 5 | 11 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

14. INFORMANT Daisy Kimes
(Address) 4111 Wayne

15. FILED 3/2-29 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1929

17. I HEREBY CERTIFY That I attended deceased from _____
2-25, 1929, to 3-1, 1929
that I last saw her alive on 3-1, 1929, and that death occurred, on the date stated above, at 5: A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia
1078
(duration) 1 yrs. 1 mos. 6 da.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 1078
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH, DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chinese

(Signed) Frank P. Hession M. D.

3/2, 1929 (Address) 104 West 42 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, STATE (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burial, Mo. DATE OF BURIAL 3/3 1929

20. UNDERTAKER The Prewman Mortuary ADDRESS 104 West 42 St

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

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.

235
1
31
31

Dr. Nelson
401 Western Bldg.
Lo. 3590.
3: P. m Sure