

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

Do not use this space.

19997

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township .....

Primary Registration District No. 1001

City St. Joseph,

(No. Mercy Hospital)

File No. ....

Registered No. 791

St. .... Ward)

**2. FULL NAME** James Thomas Lowrance

(a) Residence. No. .... St. .... Ward. Skidmore, Missouri.  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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

Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 1, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>5</u>	<u>23</u>	

**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) Unknown,  
(STATE OR COUNTRY) North Carolina,

PARENTS

10. NAME OF FATHER Lawson L. Lowrance,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) North Carolina,

12. MAIDEN NAME OF MOTHER Margaret Query,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) North Carolina,

14. INFORMANT Mrs. Daisy Lowrance  
(Address) Skidmore, Missouri.

15. FILED 25 1928 John Y. G. J. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 24, 1928, that I last saw him alive on June 24, 1928, and that death occurred, on the date stated above, at 12:25 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Pylorus

46 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Maitland, Mo

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF June 22, 1928

WAS THERE AN AUTOPSY?

WHICH TEST CONFIRMED DIAGNOSIS clinical & operative  
(Signed) Lawton M. Hanna, D.O.

6/24/1928 (Address) 408 Corby Bldg.

\*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 Skidmore, Mo. via auto DATE OF BURIAL June 26 1928.

20. UNDERTAKER Heaton-Beggs-Bowman ADDRESS 519 S. 10 St.

W. H. H. Scale General Home

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

X. R.—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.

24 1928

