

William Lowe 1914

Born about 25 April 1843 in New Castle, IN to George Lowe, formerly of Ireland, and Mary Roach of Virginia. He served during the war in Co. C 36th IN Inf. A member of the Col. Grover Post 78, Warrensburg, MO. He was a lumber dealer and married a woman named Anna. They lived in Warrensburg, MO. He died 14 June 1930 of cerebral embolism and is buried in Sunset Hill Cemetery.

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

Do not use this space.
19854

JUL 23 1930

1. PLACE OF DEATH
 County JOHNSON Registration District No. 431
 Township Warrensburg Primary Registration District No. 3023
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME William Lowe
 (a) Residence No. North Miller Street St. _____ Ward _____
 (Usual place of abode) (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed			16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 14, 1930	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Lowe					17. I HEREBY CERTIFY, That I attended deceased from <u>Jan</u> , 19 <u>10</u> , to <u>June 14</u> , 19 <u>30</u> , that I last saw h. alive on <u>Jan 14</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>8:15 P</u> m.	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 25, 1843					THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Cerebral Embolism</u>	
7. AGE 87	YEARS 1	MONTHS 20	DAYS 20	IF LESS than 1 day, _____ hrs. or _____ min.	CONTRIBUTORY (SECONDARY) <u>Cerebral Embolism</u> (duration) <u>20</u> yrs. <u>2</u> mos. <u>2</u> ds. <u>Arterio Sclerosis</u> (duration) <u>10</u> yrs. <u>0</u> mos. <u>6</u> ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Lumber dealer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF _____ WAS THERE AN AUTOPSY? <u>no</u> WHAT TEST CONFIRMED DIAGNOSIS? <u>Clotted</u> S (Signed) <u>L. Helmsford</u> , M. D. <u>Jan 16, 1930</u> (Address) <u>Warrensburg MO</u>	
9. BIRTHPLACE (CITY OR TOWN) <u>New Castle Indiana</u> (STATE OR COUNTRY)					*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.	
10. NAME OF FATHER <u>George Lowe</u>					19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Sunset Hill Cemetery</u> DATE OF BURIAL <u>6/17/30 19</u>	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>on ocean</u> (STATE OR COUNTRY) <u>Between Ireland and U</u>					20. UNDERTAKER <u>S. R. Sweeney, Warrensburg.</u>	
12. MAIDEN NAME OF MOTHER <u>Mary Roach,</u>						
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Virginia,</u>						
14. INFORMANT <u>Chas. Lowe</u> (Address) <u>Warrensburg, Mo</u>						
15. <u>June 16, 1930</u> <u>J. M. Stallerson</u> REGISTRAR						

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.