

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH					
County					
Civil Dis.					
or					
Village					
or					
City					
Registration District No.					
Primary Registration District No.					
City (No. Baptist Hospital St.; Ward)					
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
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.					
2. FULL NAME <u>LYNN LOWREY</u>					
(a) Residence: No. St. Ward. <u>Clinton, Miss.</u>					
(Usual place of abode) (If nonresident give city or town and State)					
3. SEX			4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female			White		Single
6a. If married, widowed, or divorced					
HUSBAND of					
(or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 17</u>					
7. AGE		Years		Months	
45					
		Days		If LESS than	
				1 day, hrs.	
				or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
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) <u>Miss.</u>					
(State or country)					
18. NAME <u>W.L. Lowrey</u>					
14. BIRTHPLACE (city or town) <u>Miss.</u>					
(State or country)					
15. MAIDEN NAME <u>Theodosia Searcy</u>					
16. BIRTHPLACE (city or town) <u>Ark.</u>					
(State or country)					
17. INFORMANT <u>Miss Sara Lowrey</u>					
(Address) <u>Clinton Miss.</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Jackson, Miss.</u> Date <u>8-17-35</u> 19.....					
19. UNDERTAKER <u>Spencer Sturla & Co</u>					
(Address) <u>8-21-35</u> 19.....					
20. FILED <u>8-21-35</u> 19.....					
Register.					
21. DATE OF DEATH (month, day, and year) <u>Aug. 16, 1935</u> 19.....					
22. I HEREBY CERTIFY, That I attended deceased from					
19 <u>34</u> <u>8-16-35</u> 19.....					
I last saw h. <u>or</u> alive <u>8-16-35</u> 19....., death is said					
to have occurred on the date stated above, at <u>3:45 P.</u> m.					
The principal cause of death and related causes of importance in order of onset were as follows:					
<u>Carcinoma colon with metastasis to liver.</u>					
Contributory causes of importance not related to principal cause:					
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 <u>H. G. Rudner</u>					
(Signed).....					
(Address).....					

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

NON RESIDENT COPY
2893

File No.

Reg. No. 2940

Registration District No.

Primary Registration District No.

City (No. Baptist Hospital St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME LYNN LOWREY(a) Residence: No. St. Ward. Clinton, Miss.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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White

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 17

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Years

Months

Days

If LESS than

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or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Miss.

(State or country)

18. NAME

W.L. Lowrey

14. BIRTHPLACE (city or town)

Miss.

(State or country)

15. MAIDEN NAME

Theodosia Searcy

16. BIRTHPLACE (city or town)

Ark.

(State or country)

17. INFORMANT

Miss Sara Lowrey

(Address)

Clinton Miss.

18. BURIAL, CREMATION, OR REMOVAL

Place Jackson, Miss.Date 8-17-35

19.....

19. UNDERTAKER

Spencer Sturla & Co

(Address)

8-21-35

19.....

20. FILED

Register.

MEDICAL CERTIFICATE OF DEATH

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Date of onset

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