

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1924

County Barter
Civil Dist. 10th
or
Village Barter
or
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 41070
Primary Registration District No. _____

File No. 9
Registered No. _____

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

2 FULL NAME S. J. Lowe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(Write the word)

6 DATE OF BIRTH 9 8, 1851
(Month) (Day) (Year)

7 AGE 72 yrs. 11 mos. 1 da. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Jacob Lowe

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Rebecca Jackson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Lowe
(Address) Watson Valley

15 Filed 8/11, 1924 M. R. Hardin
REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 8, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 8 1924 to Aug 8, 1924 that I last saw him alive on Aug 8, 1924 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:
Intestinal Tuberculosis
(Duration) yrs. mos. ds.

Contributory (optional) _____ (Duration) 250 ft. 10 in.
(Signed) R. J. Ferguson, M. D.
Aug 11 1924 (Address) Cassville, Tenn.

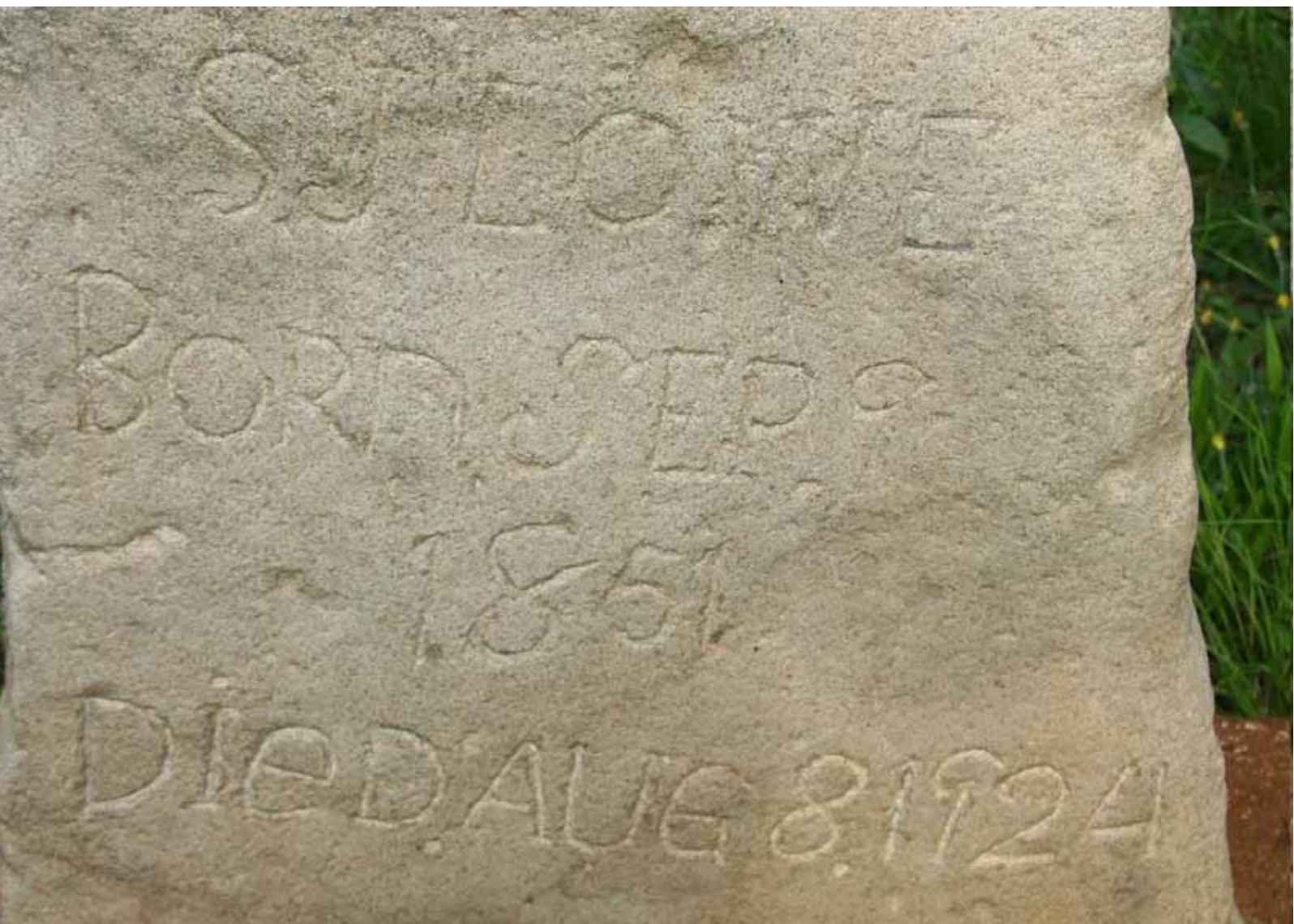
*State the DISEASE CAUSING DEATH, or, in deaths from TOXIC CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _____ In the _____ State _____ yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Lowe Cem. DATE OF BURIAL 8/19, 1924

20 UNDERTAKER _____ ADDRESS _____

MARGIN RESERVED FOR BINDING
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. See instructions on back of certificate.



Marker of **Stephen J. Lowe**

Born September 9, 1851

Died August 8, 1924

Stephen is buried in Lowe Cemetery, Carter County, Winner, Tennessee along with his wife Eveline Colbauth