

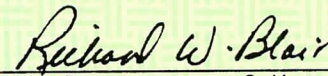
MARGIN RESERVED FOR BINDING
 N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 9 1934 PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	DO NOT WRITE IN THIS SPACE State File No. 89485
County of <u>Franklin</u>		CERTIFICATE OF DEATH	
City of <u>Franklin</u>		Registration District No. <u>22</u>	Local Registrar's No. <u>30</u>
		Primary Registration District No. <u>2119</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Adeline Lorinda Lowe</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred: <u>40</u> yrs. <u>00</u> mos. <u>00</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced. (write the word) Married	
5a. If married, widowed, or divorced HUSBAND of John A. Lowe (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) Aug 1 1868			
7. AGE		If LESS than 1 day, _____ hrs. _____ min.	
Years 65	Months 02	Days 10	8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Housewife	
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) (State or country) Ogden Utah			
13. NAME Gilbert Belnap			
14. BIRTHPLACE (city or town) (State or country) Canada			
15. MAIDEN NAME Adeline Knight			
16. BIRTHPLACE (city or town) (State or country) New York N. Y.			
17. INFORMANT John A. Lowe (Address) Franklin Id.			
18. BURIAL, CREMATION, OR REMOVAL Place Franklin Date June 12 1934			
19. UNDERTAKER M. W. Hendricks (Address) Preston Idaho			
20. FILED <u>July 8</u> , 1934 <u>G. W. States</u> Registrar.			
21. DATE OF DEATH (month, day, and year) June 9 1934		I HEREBY CERTIFY, That I attended deceased from June 4 , 1934, to June 9 , 1934. last saw her alive on June 9 , 1934; death is said to have occurred on the date stated above, at 1:20 p. m. The principal cause of death and related causes of importance as follows: Pleuro-pneumonia June 2-34	
Other contributory causes of importance: General debility only - 2 yrs			
Name of operation None Date of _____		What test confirmed diagnosis? Clinical Was there an autopsy? No	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 193. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Home Manner of injury None Nature of injury None			
24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) G. W. States , M. D. (Address) Preston Ida			

State of Idaho)
 County of Ada)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

OCT 22 1990
 Date Issued


 State Registrar of Vital Statistics