

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

Do not use this space.

17683

JUL 25 1927

1. PLACE OF DEATH

County Ballaway
Township Wulton
City Wulton

Registration District No. 104
Primary Registration District No. 3208

File No. _____
Registered No. 110
St. _____ Ward _____

2. FULL NAME

Frank Locke

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro Single

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

No information

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 No information

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Mo

10. NAME OF FATHER

No information

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

No information

12. MAIDEN NAME OF MOTHER

No information

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

No information

14. INFORMANT

Hospital Records
(Address) Fulton Mo

15. SIGNATURE

June 21 1927 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) No information

17. I HEREBY CERTIFY That I attended deceased from June 16 1927, to June 20 1927 that I last saw him alive on June 20 1927, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis

CONTRIBUTORY (SECONDARY)

3-D 90 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No information

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. N. Crews M. D.

*State the DISEASE CAUSE, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mexico Mo

DATE OF BURIAL

June 21 1927

20. UNDERTAKER

Herndon Taylor

ADDRESS

Fulton Mo

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.

