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

Do not use this space.

30729

1. PLACE OF DEATH
County: Jasper — Registration District No. 417
Township: Joplin — Primary Registration District No. 3021
City: Webb City (No. ..... St. ..... Ward)

File No. .....
Registered No. 126

2. FULL NAME: Amos J. Lock
(a) Residence. No. 710 South Hall St. 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Dora Lock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 13, 1883

7. AGE: Years 34 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Miner
(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): Missouri

PARENTS
10. NAME OF FATHER: Jno. Lock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mollie Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Amos J. Lock
(Address): 710 South Hall St.

15. FILED: 10-5, 1927 — R. M. Stormont, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1927 to Oct 6, 1927, that I last saw h. alive on Oct 1, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
23H (duration) 7½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical history
(Signed) R. M. Stormont, M. D.
Oct 7, 1927 (Address) Webb City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Carterville Cemetery — DATE OF BURIAL: 10/8/27

20. UNDERTAKER: Steel Undertaking Co. — ADDRESS: Webb City 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.