

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

Do not use this space.

1. PLACE OF DEATH
County Macon Registration District No. 533 File No. 24413
Township Hudson Primary Registration District No. 5713 Registered No. 72
City _____ No. _____ St. _____ Ward _____

2. FULL NAME James Franklin Lockhart
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. - 7 - 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 27
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Snyder Ind.
10. NAME OF FATHER Robert Lockhart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Sarah Ann Vaudette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Walter E. Lockhart
(Address) Macon, Mo.
15. FILED 7/31 28 Mrs. Luke Dunkler
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4" 1928
17. I HEREBY CERTIFY, That I attended deceased from July 3, 1928 to July 4, 1928
that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Heart failure
92 hr (duration) 1 yrs. 1 mo. 1 ds.
CONTRIBUTORY valvular lesion
(SECONDARY) (duration) 2 yrs. 1 mo. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 Did an OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
1/5 (Signed) A. M. Rumer, M. D.
15, 1928 (Address) Macon, 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 DATE OF BURIAL
Woodlawn Cemetery 7/6" 1928
20. UNDERTAKER ADDRESS
Stephens & Goodling Macon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

