

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

Do not use this space.

38969

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City Boonville (No. City Report)

File No. ....

Registered No. 11638

St. .... Ward)

**2. FULL NAME**

(a) Residence No. 2073 1/2 Walnut 22 Ward. (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** **4. COLOR OR RACE** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

male Colored Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Unknown abt 1868

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt 60

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer 131  
(b) General nature of industry, business, or establishment in which employed (or employer) 165  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Miss

**10. NAME OF FATHER** David Lockett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Miss

**12. MAIDEN NAME OF MOTHER** Mathison

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** State of Indiana

**14.**

**INFORMANT** City Report  
(Address)

**15.**

**FILED** Nov 30, 1928 May C. Standley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 23 1928

**17. I HEREBY CERTIFY, That I attended deceased from** Nov 21, 1928 **to** Nov 23, 1928  
that I last saw him alive on Nov 23, 1928 and that death occurred, on the date stated above, at 2:55 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
Chronic Nephritis  
Senile Dementia  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH?** No DATE OF

**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** clinical

(Signed) Edward Welby M. D.

11/23/28 (Address) City Report

\*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**

Boonville, Washington 12/2/28

**20. UNDERTAKER** **ADDRESS**

R. M. C. Green 3517 Laclede

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.

Lockett —