

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.

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

Do not use this space.

1630

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 221Township EastPrimary Registration District No. 3327Registered No. 221City Kansas City(No. 3327)Tracy 2

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3327 Tracy St. 13 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

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

married

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

E. M. Lockhart

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

Nov. 29, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

66116

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Iowa

10. NAME OF FATHER

Harvey Dotson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Elizabeth Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14.

INFORMANT

(Address)

E. M. Lockhart3327 Tracy

15.

FILED 1-16, 1929 221 221 221asst

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 15, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1-29to Jan 15, 1929 that I last saw h. 15 alive on Jan 15, 1929, and that death occurred, on the date stated above, at 7:15 a. m.

CAUSE OF DEATH* AS FOLLOWS:

Chronic Interstitial Nephritis131113

CONTRIBUTORY (SECONDARY)

Grippe

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?

(Signed)

H. H. Hines

M. D.

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

Bethany, Mo. Jan. 17, 1929

20. UNDERTAKER

ADDRESS

H. H. Newcomer's Sons N. C. Mo.

2101 11th, June 2
10th & Harrison
0690 Victor
0.80 p.m.