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

Do not use this space.

27992
3687

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Blue — Primary Registration District No. 1002 — Registered No.
City Leeds Mo. (No. Leeds Hospital St. Ward)

2. FULL NAME Mrs. Lacy Lockwood
(a) Residence. No. 5106. 11th St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6½ yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Dewey Lockwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
29	10	18	

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) Missouri

PARENTS
10. NAME OF FATHER James Chastain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ✓
12. MAIDEN NAME OF MOTHER Ida Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT K. C. Sulphur Lake Hospital (Address) Leeds, Mo.

15. FILED 8/30, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 30 1929

17. I HEREBY CERTIFY That I attended deceased from June 21 1929 to August 30, 1929 that I last saw her alive on August 29, 1929 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 A
(duration) 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?

(Signed) George C. Lee, M. D
8/30, 1929 (Address) 1002 Argyle Bldg. K.C. 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 Levonan Mo — DATE OF BURIAL Aug. 31 1929

20. UNDERTAKER John W Wagner — ADDRESS 1409 Grand Ave.

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.

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