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.

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

Do not use this space.

36926

1. PLACE OF DEATH
County: Greene — Registration District No. 368 — File No.
Township: — Primary Registration District No. 2001 — Registered No. 875
City: Springfield (No. 1836 N. Jefferson St. Ward)

2. FULL NAME: Buford D. Lock
(a) Residence. No. 1836 N. Jefferson St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1/2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: [illegible]
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 18-1927

7. AGE: Years 2 — Months 4 — Days 12 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(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): Mo.

PARENTS
10. NAME OF FATHER: Richard Lock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ruby McWilliams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Richard Lock
(Address) 1836 N. Jefferson

15. FILED 12 1 1929 Lou Sharp REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1929 to 11-30, 1929 that I last saw him alive on 11-30, 1929, and that death occurred, on the date stated above, at 6 20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
1 [illegible]
1 [illegible] (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Croup
(duration) yrs. mos. 6 hrs.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) W. T. Walsh M. D
11/30, 1929 (Address) Springfield 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: Nevada Mo. — DATE OF BURIAL: 12-1- 1929

20. UNDERTAKER: W. T. Greene — ADDRESS: [illegible]

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