

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

Do not use this space.

1. PLACE OF DEATH
 County Union Lewis Registration District No. 480 File No. 41277
 Township Union Primary Registration District No. 5645 Registered No. 23
 City (No.) St. (Ward)

2. FULL NAME Liberton Lockwood
 (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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 3 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bellaire
 (STATE OR COUNTRY) Ohio.

10. NAME OF FATHER Jacob Lockwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bellaire
 (STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Caroline Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Pa.

14. INFORMANT Mrs Cora Leach
 (Address) La Grange, Mo.

15. FILED 12/17 29 W.B. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1929 to Dec 16 1929, and that I last saw him alive on Dec 10 1929, and that death occurred, on the date stated above, at Union, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 hepatic congestion of lungs with mitral disease of heart

CONTRIBUTORY (SECONDARY) old age (duration) about 10 yrs. 10 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? no
 IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) N. D. Owens, M. D.

, 19 (Address) La Grange, 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 Wyaconda DATE OF BURIAL Dec 18 1929

20. UNDERTAKER A. A. Roberts ADDRESS La Grange, Mo.

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.

