

APR 30 1930

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

Do not use this space.

9282

1. PLACE OF DEATH

County Racine  
Township Washington  
City (No. ....) St. .... Ward

Registration District No. 449  
Primary Registration District No. 562

File No. ....  
Registered No. 1558

2. FULL NAME

George Harrison 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 M 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1862

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
68 2 9

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) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Oliver Lockwood

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

12. MAIDEN NAME OF MOTHER Sarah Pember

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

14. INFORMANT (Address) Mrs. G. H. Lockwood  
Russ mo.

15. FILED 3/16 1930 J. M. Bellamy  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1930 to Mar. 16, 1930 that I last saw him alive on Mar. 16, 1930, and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial insufficiency  
57 B (duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis - atheromatous  
(duration) 2 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? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) H. A. Hamilton M. D.  
. 19 (Address) Lebanon, 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 New Hope DATE OF BURIAL 3/18 1930

20. UNDERTAKER Palmer ADDRESS Lebanon 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.

