

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.

APR 23 1931

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

Do not use this space.

10335

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City Chapman Hospital, Courtoye Mo St. _____ Ward _____

2. FULL NAME La Verne L. Lockhart

(a) Residence, No. Diamond - Route 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. To hold

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri

13. NAME Lorraine L. Lockhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Missouri

15. MAIDEN NAME Alise Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dumonia, Missouri

17. INFORMANT A. E. Lockhart
(ADDRESS) Route 2 - Diamond, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stone Cemetery DATE Mar. 25, 1931

19. UNDERTAKER Kneel Mortuary
(ADDRESS) Courtoye, Mo.

20. FILED 3/23 1931 E. D. Kehave
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1931 to Mar 23, 1931

I last saw him alive on Mar 23, 1931 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Head of burns Mar 22 Accidental 180
Date of onset 21

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-21, 1931

Where did injury occur? Diamond Mo. R. 2
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury House burned
Nature of injury Stomach face and back burned

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) U. S. Chelman M. D.
(Address) Diamond Mo.

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