

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

Do not use this space.

13845

1. PLACE OF DEATH
 34 County Greene Registration District No. 36891
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1929 N. Jefferson)
 Registered No. 322 St. _____ Ward _____

2. FULL NAME
John B. Locke
 (a) Residence, No. 1929 N. Jefferson 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1860

7. AGE YEARS 71 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR Laborer
 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) Ky

MOTHER
 13. NAME Richard Locke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Fannie Edwards
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
 17. INFORMANT Mrs. Ward M. Williams
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Newville, Mo. DATE April 26, 1931
 19. UNDERTAKER W. H. August
 (ADDRESS) 24 E. Commercial St. Springfield, Mo.
 20. FILED 4-24 1931 Garrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 9 - 1931 to Apr 23 1931
 I last saw him alive on Apr 21, 1931 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Lesions Date of onset _____
95B
 Other contributory causes of importance: Organic

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. H. August, M. D.
 (Address) Springfield, 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.

MAY 23 1931

326