

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

Do not use this space.

21160

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

File No. ....

Township .....

Primary Registration District No. 2001

Registered No. 483

City Springfield

(No. Springfield Hospital)

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Pierce City St. Mo. 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

Belle Mrs. James Locke

6. DATE OF BIRTH (MONTH, DAY, YEAR)

March 15 - 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

60

3

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired 95

(b) General nature of industry, business, or establishment in which employed (or employer)

132

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Leaw 2

10. NAME OF FATHER

S.B. Locke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Leaw

12. MAIDEN NAME OF MOTHER

Estline Gordon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Leaw

14. INFORMANT

(Address)

J.M. Locke Pierce City Mo

15. FILED

6-21-1931

For Sharp

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

June 21 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to June 21, 1931 that I last saw h. alive on June 17, 1931, and that death occurred, on the date stated above, at P.C.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Disease (Hypertensive - non valvular)

(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

Wrenia

(duration) .... yrs. .... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Ray D. Callaway M.D.

, 19 (Address)

Springfield Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pierce City Mo June 24 1931

21. UNDERTAKER

ADDRESS

Wm. H. Hessel Jr. Pierce City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be stated EXACTLY. PHYSICIANS should state cause of death to be stated EXACTLY. PHYSICIANS should state cause of death to be stated EXACTLY.

JUL 24 1931

4/20/44

11/11

NOV 8 1944

Affidavit.

State of Missouri )  
County of Lawrence ) SS.

Mrs Cynthia Beard, being of lawful age and after being duly sworn deposes and says,

That this deponant is a sister of Mrs Belle Locke, widow of T R Locke, deceased, who departed this life on the 21st. day of June 1931 at Springfield, Missouri.

This deponant further says that in the "Personal and Statistical Particulars" of the Death Certificate issued by Dr. Guy D Callaway M.D of Springfield Missouri, and filed with Lon Sharp, Registrar of Registration District No 318, Primary Registration District No. 2001 the name of the widow of the said T R Locke Deceased is erroneously given as "Mrs Jennie Locke"

This deponant further says that the correct name of her sister the widow of T R Locke deceased is Mrs Belle Locke and should be Mrs Belle Locke in the death Certificate of T R Locke deceased instead of as given "Mrs Jennie Locke".

And further this deponant sayeth not.

*Mrs Cynthia Beard*

Subscribed and sworn to before me this 21st. day of August 1931.

My term as Notary Public expires July 3rd. 1934.

R

*L. W. Newkirk*  
Notary Public