

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

Do not use this space.

24682

**1. PLACE OF DEATH**

County Dunklin Registration District No. 289  
Township Cotton Hill Primary Registration District No. 5407  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 45- St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 6 28

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

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) Tuckerman Ark.

13. NAME O. R. Lockamy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Co., Ark.

15. MAIDEN NAME Esther Slayden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Co., Ark.

17. INFORMANT O. R. Lockamy (ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 7-31-1931

19. UNDERTAKER St. L. Larain (ADDRESS) Malden Mo

20. FILED 7-31- 1931 S. E. Mitchell Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931

22. I HEREBY CERTIFY that I attended deceased from July 25<sup>th</sup> 1931 to July 30<sup>th</sup> 1931  
I last saw him alive on July 30 1931. Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:

Typhoid  
93h  
Date of onset 7/18/31

Other contributory causes of importance: Toxic myocarditis  
7/25/31

Name of operation none Date of ✓  
What test confirmed diagnosis? Chem. & lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 1931

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? no  
If so, specify \_\_\_\_\_

(Signed) S. E. Mitchell, M. D.  
(Address) Malden 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.

AUG 26 1931

