

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

Do not use this space.

38485

1. PLACE OF DEATH

County *Osage*
Township *Crawford*
City (No) _____

Registration District No. *640*
Primary Registration District No. *5849*

File No. _____
Registered No. *24*
St. _____ Ward _____

2. FULL NAME

Peter Joseph Lock

(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 <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Catherine Scullen</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 10th 1861</i>		
7. AGE	YEARS <i>69</i>	MONTHS <i>11</i>
	DAYS <i>1</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Miller</i>	
	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) <i>Loose Creek Mo</i>		
FATHER	13. NAME <i>Theodore Lock</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Don't Know</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Edward Lock Linn Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Linn Mo</i> DATE <i>1-3</i> 19 <i>31</i>		
19. UNDERTAKER (ADDRESS) <i>A. J. Hilder Linn Mo</i>		
20. FILED <i>Nov 12</i> 19 <i>31</i> <i>Mrs Dora Jett</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 11* 19*31*

2. I HEREBY CERTIFY, That I attended deceased from *Oct. 30* 19*31*, to *Nov. 11* 19*31*
I last saw him alive on *Nov. 11* 19*31*. Death is said to have occurred on the date stated above, at *5 P.* m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance:
82A
J. F. Jones

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

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) *J. F. Jones* _____ M. D.
(Address) *Linn 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.

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