

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

Do not use this space.

1902

FEB 25 1932

PLACE OF DEATH

County Newton

Registration District No. 609

Township Keokuk

Primary Registration District No. 4363

City Keokuk (No.)

File No. 1

Registered No.

2. FULL NAME Joseph H. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 10 26 9

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

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) London England

13. NAME James Lock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex England

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex England

17. INFORMANT Geo. Lock (ADDRESS) Newton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Post Cemetery DATE 1-4 32

19. UNDERTAKER Bryant's (ADDRESS) Newton Mo

20. FILED 1/16 1932 C. E. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1931 to Jan 2 1932

I last saw him alive on Jan 2 1932 Death is said to have occurred on the date stated above, at 1:05 p.m.

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

Carcinoma of Stomach Date of onset 10/7/01
46 B

Other contributory causes of importance: Not known

Name of operation none Date of yes
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Orville Dale M. D.
(Address) Newton Mo

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.

