

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

Do not use this space.

9247

1. PLACE OF DEATH

County Madison Registration District No. 547
 Township Macon Primary Registration District No. 3079
 City Hamburg (No. 20 Meyer Place) St. _____ Ward _____

File No. _____
 Registered No. 86
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 20 Meyer Place 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

MEDICAL CERTIFICATE OF DEATH

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 Melvinia Lockett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 58 1 # 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 237
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th 1932
 22. I HEREBY CERTIFY: That I attended deceased from 3/12/32, 1932, to 3/14/32, 1932.
 I last saw him alive on 3/14/32, 1932. Death is said to have occurred on the date stated above, at 10:28 a.m.
 The principal cause of death and related causes of importance were as follows:

Labour Pneumonia
 Date of onset 108
 Other contributory causes of importance: 108
 (1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Mo
 13. NAME Jim Lockett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 319
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Mrs Melvinia Lockett 20 Meyer Place
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist DATE 3/19/32
 19. UNDERTAKER (ADDRESS) James O'Donnell Hamburg Mo
 20. FILED 219, 1932 O. Clausen Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) P. M. Fox M. D.
 (Address) 1216 Centre St. Hamburg Mo

APR 28 1932

CAUSE OF DEATH in plain terms, so that it may be properly understood

