

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

Do not use this space.

29568

**1. PLACE OF DEATH**

County Jasper Registration District No. 41  
 Township Galena Primary Registration District No. 2002  
 City Joplin (No. .... St. .... Ward)

File No. 16

Registered No. ....

**2. FULL NAME George Locke**

(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 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

Grace Locke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30. 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
68 8 15

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

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) Ill.

13. NAME George Locke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Ollie Slean.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Grace Locke  
 (ADDRESS) Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berwick DATE Sept 19, 32

19. UNDERTAKER Wm. Wessell Jr.  
 (ADDRESS) Pierce City Mo.

20. FILED 9/17 1932 R. H. Gantman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, 1932

I last saw him alive on Sept. 15, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

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

appendicitis, ileus peritonitis

Date of onset

Other contributory causes of importance:

Name of operation appendectomy Date of Sept. 15

What test confirmed diagnosis? observation at operation 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) R. H. Gantman, M. D.

(Address) Joplin Mo.

WRITE FULLY, 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.

Oct 26 1932

