

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

Do not use this space.

32601

1. PLACE OF DEATH

49 County Jasper Registration District No. 406
Township Brown Grove Primary Registration District No. 5560
City Route 1 - Carl Junction

File No. _____
Registered No. 18
St. _____ Ward) _____

2. FULL NAME Elizabeth Lochrie

(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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. M. Lochrie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Altona</u> <u>Illinois</u>	13. NAME <u>Richard S. Stuckey</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Martha M. Vicker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellevue</u> <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Geo. M. Lochrie</u> <u>Route 1 - Carl Junction, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carl Junction, Mo.</u> DATE <u>Oct. 9</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Knapp M. Atwood</u> <u>24 Mason Building</u>		
20. FILED <u>Oct 8</u> , 19 <u>32</u> <u>C. W. Kover</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932 to Oct 6, 1932
I last saw deceased alive on Oct 6, 1932. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic Infection
Myocarditis
Date of onset _____

Other contributory causes of importance:
Myocarditis

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 Ch. Reynon Clark M. D.
(Signed) Ch. Reynon Clark
(Address) Carl Junction, 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.

NOV 2 3 1932

