

MAR 31 1933  
 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.

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

Do not use this space.

8979

1. PLACE OF DEATH  
 County St. Charles Registration District No. 760  
 Township Leung Primary Registration District No. 5999  
 City Forest (No. 12) St. 12 Ward 12

2. FULL NAME Wesley Locket  
 (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 88 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>colored</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>Birdie Locket</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 - 1857</u>		
7. AGE	YEARS	MONTHS
<u>82</u>	<u>1</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Paras. labor</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Mo</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Mo</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Mo</u>		
17. INFORMANT (ADDRESS) <u>Maryie Matthews, Forest Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Mo</u> DATE <u>Feb 24, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Forest Mo</u>		
20. FILED <u>2/22 1933</u> <u>Accepted</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1933, to Feb 21, 1933.  
 I last saw him alive on Feb 21, 1933. Death is said to have occurred on the date stated above, at 10:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
 Date of onset Feb 16  
 Other contributory causes of importance:  
110 110  
 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) R. W. Muller, M. D.  
 (Address) Forest Mo

