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

Do not use this space.

14074

1. PLACE OF DEATH

County Nodaway Registration District No. 625 File No.

Township Polk Primary Registration District No. 3031 Registered No. 51

City Maryville (No. , St. Ward)

2. FULL NAME Dillard Evan Lockhart

(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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 22 1933

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 Margaret Lockhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1893

7. AGE: Years 39 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) Jonesville Va

FATHER

13. NAME John M. Lockhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville Va

MOTHER

15. MAIDEN NAME Vernie Vernable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville Va

17. INFORMANT (ADDRESS) Margaret Lockhart Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 4-31 1933

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo

20. FILED 5-1 1933 Mamie E Cardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw him alive on —, 19— 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:

	Date of onset
Rupture coronary artery	
Hemo-pericardium	4-29-33
96.0	
84.0	
1003	
Other contributory causes of importance:	
Cirrhosis - Cancer	unknown
form alia	

Name of operation none Date of —

What test confirmed diagnosis? P.M. 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) Jacob Lowles - Coroner Nod Co Mo

(Address) Maryville Mo

DEC 28 1953

MAR 3 1954