

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

Do not use this space.

28307

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 3052
City St. Louis (No. City Hospital #2) St. Ward

File No.
Registered No. 7452
St. Ward

2. FULL NAME

Bessie Mae Lockett
(a) Residence, No. 1933 Carr St. 21 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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 21, 1921</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School girl</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>Madison, Miss.</u>		
FATHER	13. NAME <u>Dave Lockett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pikens, Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT (ADDRESS) <u>Jessie Lockett, 1933 Carr</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>8/29, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. Boyd and Co., 207 Myington, St. Louis</u>		
20. FILED <u>8/29 1933</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound of chest and abdomen, caused by bullet fired from shotgun in the hands of Daniel Jackson, (col.)

Date of onset 11

Other contributory causes of importance:
in St. Louis, Mo. Criminal Carelessness

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Crime Date of injury 8/27, 1933
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Shot by fusion
Nature of injury Gunshot wound of chest

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harold K. Huber 8/25/33
(Address) Deputy Forester

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.

SEP 26 1933

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