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.

JAN 3 1934

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

Do not use this space.

35532

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No.

Township Pettis — Primary Registration District No. ~~[illegible]~~ 5007 — Registered No. 204

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Esther Lockhart

(a) Residence, No. ..... St., ... Ward. Yarrow, Mo. ~~Kirksville, R.F.D.~~

(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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5-1868

7. AGE — YEARS 65 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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.

FATHER

13. NAME Rudolph Miller

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

MOTHER

15. MAIDEN NAME Rachel Snider

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

17. INFORMANT (ADDRESS) X Mrs. May McDuffa Yarrow

18. BURIAL, CREMATION, OR REMOVAL

PLACE Yarrow DATE Nov. 14 1933

19. UNDERTAKER (ADDRESS) W. H. McCallum South Gifford

20. FILED Nov. 22, 1933 Spencer Freeman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1933 to Nov 13, 1933

I last saw her alive on 11-11-33, 19..... Death is said to have occurred on the date stated above, at 5 P. m.

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

Diabetes mellitus — Date of onset

59

988

59

Other contributory causes of importance:

Gangrene of rt hand.

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) Ralph A. Stickler, M. D.

(Address) Kirksville, Mo.