

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.

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AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Queencity Mo (No. _____) St. _____ Ward _____

Registration District No. 806
Primary Registration District No. 6692

File No. 22824
Registered No. _____

2. FULL NAME Conard Junior Lockett

(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. 12 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/14 - 1934</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, 12 hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</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. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queencity Mo

13. NAME Conard Lockett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Mo

15. MAIDEN NAME Lecil Gasser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queencity Mo

17. INFORMANT Conard Lockett
(ADDRESS) Northville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmer Cemetery DATE 6/15 1934

19. UNDERTAKER (ADDRESS) Wm H West
34 Queencity Mo

20. FILED 7/12 1934 35 yrs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1934
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to June 14, 1934
I last saw him alive on June 14, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Premature birth
159
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Other contributory causes of importance:
Date of onset

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) D. H. Brown, D.O.
(Address) Queencity Mo

