

SEP 25 1935

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

Do not use this space.

27446

1. PLACE OF DEATH

County St. Louis Ferguson Town Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City S. Kinloch (No. _____) St. _____ Ward _____

File No. _____

Registered No. 1102. FULL NAME Mrs. Willie Mae Lockett

(a) Residence, No. Scott Ave 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 53 8 24

OCCUPATION

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

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) Meridian Miss. (STATE OR COUNTRY)

13. NAME Shade Steward

14. BIRTHPLACE (CITY OR TOWN) Hall's Spring Miss. (STATE OR COUNTRY)

15. MAIDEN NAME Lizzie Steward

16. BIRTHPLACE (CITY OR TOWN) Yazoo City Miss. (STATE OR COUNTRY)

17. INFORMANT Elizabeth Collins (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wash. Park cemetery DATE Aug 7 1935

19. UNDERTAKER C. S. Premier (ADDRESS) S. O. Kinloch

20. FILED 8/5 1935 W. A. Zeitler Registrar.
Rev. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2 193522. I HEREBY CERTIFY, That I attended deceased from July 30 1935 to August 2 1935I last saw her alive on August 2 1935. Death is saidto have occurred on the date stated above, at 6:30 pm

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

Date of onset

Apoplexy (Cerebral Hemorrhage) Aug 30

Other contributory causes of importance:

Acute Stomach Aug 11-13

Name of operation _____ Date of _____

What test confirmed diagnosis clinical Was there an autopsy? no

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.

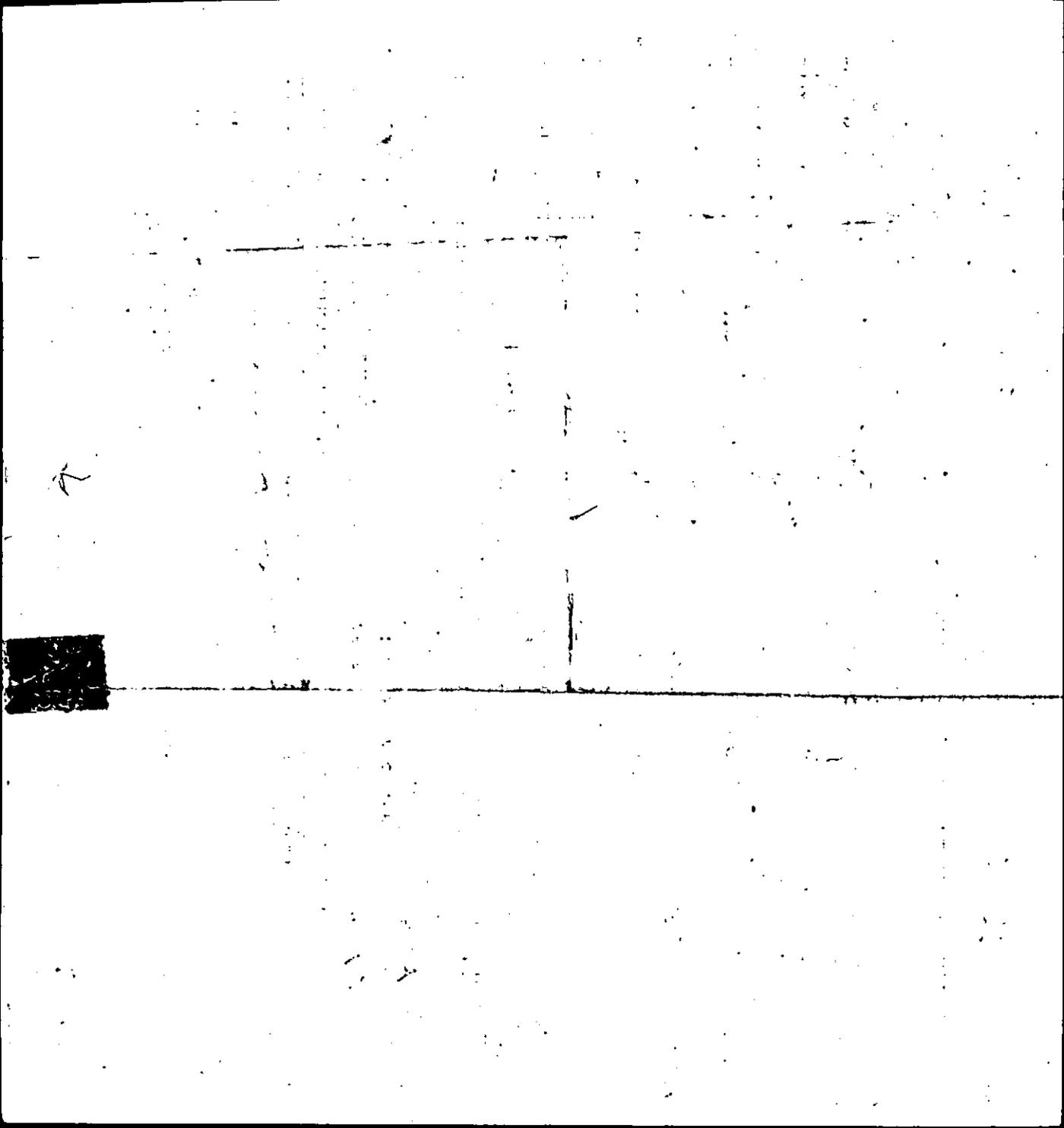
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Alldrich, M. D.(Address) 2605 1/2 Franklin Ave



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CERTIFICATE OF DEATH

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY
 PAGE.

1. PLACE OF DEATH

County St. Louis

Registration District No. 333

File No.

Township

Primary Registration District No. 4468

Registered No. 110

City Berqueman (No.)

St. Ward)

2. FULL NAME

Mrs. Willie May Loewett

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1888

7. AGE YEARS 53 MONTHS 8 DAYS 27 HOURS 1 MINUTES 1

8. Trade, profession, or particular kind of work done, as a painter, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk reeling, saw mill, bakery, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 10/22 1935 W A Zettler Registrar.
Paul B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1935

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

First saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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) James Aldrich, M. D.

(Address) 260 S. Franklin Ave

SUPPLEMENTARY

OCT 19 1935

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

SHANE P-S