

DEC 11 1935

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

Do not use this space.

34716

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis Mo. (No. City Hospital No. 2) St. _____ Ward _____

File No. _____
Registered No. 9201

2. FULL NAME

Jim Lockhart
(a) Residence, No. 1902 - N - 22 - St. Ward. 21
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. 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>Negro</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>Nov. 20th 1896</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>11</u>
		<u>9</u>
8. Trade, profession, or particular kind of work done, as sptaner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Latner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Latner</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>		
13. NAME <u>John Lockhart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Eda Todd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>		
17. INFORMANT (ADDRESS) <u>Judy Curdick</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>11-9-35</u>		
19. UNDERTAKER (ADDRESS) <u>St. Y. Desperes</u>		
20. FILED <u>NOV - 1 - 1935</u> <u>J. B. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 24 - 1935, to 10 - 29 - 1935

I last saw him alive on 10 - 29 - 1935 Death is said

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

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

Lobar Pneumonia
Date of onset: _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) J. Owen Pluche M. D.

(Address) 2945 - Laurion Blvd

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.

