

DEC 13 1935

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

Do not use this space.

35021

1. PLACE OF DEATH

County Adair
Township D
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 214
St. Ward

2. FULL NAME

Samuel Williams Lockhart
(a) Residence, No. 1316 E. Jefferson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Elizabeth Lockhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Agriculture</u>
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sentry County Missouri</u>		
FATHER	13. NAME <u>George Lockhart</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>Sarah A. Sneed</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	17. INFORMANT (ADDRESS) <u>Dennis B. Lockhart 1316 E. Jefferson</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hills</u> DATE <u>Nov. 17, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Davis & Wilson Kirkville, Mo</u>		
20. FILED <u>Nov. 19, 1935</u> <u>Spencer Sneed</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935 to Nov 15, 1935, 1935.
I last saw him alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Pylorus - stroke of apoplexy - Sept 2 1935 - arterio sclerosis of eyes
Other contributory causes of importance:
NO
Name of operation NO Date of
What test confirmed diagnosis? NO 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? NO
If so, specify
(Signed) John F. Dodson, M. D.
(Address) Kirkville Mo

MARON RESERVED FOR BINDING

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.

V. NO. 2
100M-3-28-35

