

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

Do not use this space.

DEC 16 1935

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis (No. City Hospital 1)

File No. **38121**

Registered No. **10160**

2. FULL NAME Julia Hurley Lockett

(a) Residence, No. 4339 Delmar St. 19 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>5</u>	<u>13</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) St. Clair Mo

13. NAME W. M. Sheldon

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

15. MAIDEN NAME Elizabeth Brown

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

17. INFORMANT (ADDRESS) Mrs Lena Myler
Weston 2200

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Mo DATE Nov. 30th 1935

19. UNDERTAKER (ADDRESS) Albert H. Noyes Inc
429 N. Euclid Ave

20. FILED DEC - 2 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1935 to 11-28 1935

I last saw her alive on 11-28 1935 Death is said

to have occurred on the date stated above, at 9³⁰ m.

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

Arteriosclerotic Parkinsons syndrome Date of onset

Other contributory causes of importance: Broncho pneumonia

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) W. L. Harris, M. D.

(Address) City Hospital

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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