JAN 15 1936

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

Do not use this space.

File No. 38666

Registered No. 1337

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

Primary Registration District No. 1001

Township

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Billie Bob Lockhart,

(a) Residence, No. 1524 So. 12th, 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. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25. 1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	1	25	

OCCUPATION

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

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) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Earl Leroy Lockhart,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas,

MOTHER

15. MAIDEN NAME Velma Hicks,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Valley, Iowa,

17. INFORMANT Earl L. Lockhart
(ADDRESS) 1524 So. 12th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Dec. 21, 1935

19. UNDERTAKER Weston Bebb & Bowman Funeral Hom.
(ADDRESS) 319 So. 10th. St.

20. FILED 12-21- 1935 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20th. 1935

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1935, to December 20, 1935

I last saw him alive on December 20, 1935. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

	Date of onset
Bilateral Pyelitis	12-10-35

Other contributory causes of importance:

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) Jackson M. Hughes, M. D.

(Address) 2004 Olive St. St. Louis Mo.

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.