

JUN 24 1936

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

Do not use this space.

7045-a

1. PLACE OF DEATH

County Osage Registration District No. 646
Township Crawford Primary Registration District No. 3849 File No. _____
City Linn (No. _____) St. _____ Registered No. 12 Ward _____

2. FULL NAME

William Harrison Lockwood

(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. 50 mos. _____ 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myra Lockwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1867
7. AGE YEARS 68 MONTHS 6 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan. 16, 1936 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Mo

13. NAME Ed Lockwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co. Mo.

15. MAIDEN NAME Maria Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co. Mo.

17. INFORMANT Siegfried Lockwood (ADDRESS) Linn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn DATE Feb 18, 1936

19. UNDERTAKER Seaton Perwith (ADDRESS) _____

20. FILED 9-17, 1936 Mrs Doris Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Feb 16, 1936
I last saw him alive on Feb 16, 1936 Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death, and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
Hypertension
Arteriosclerosis

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) Raymond S. Gougeon M. D.
(Address) Linn 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.

