MAR 26 1936

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

Do not use this space.

8321

File No. 2001

Registered No.

1. PLACE OF DEATH

County: Pulaski

Township:

City: (No. Peoples Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME: Eliza Lock

(a) Residence, No. 1023 Sampson St. 18 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: Femal

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1876

7. AGE: Years 60 | Months 0 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Ky Henderson County

FATHER

13. NAME: not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Alice Lock 1023 Sampson

18. BURIAL, CREMATION, OR REMOVAL: Park

PLACE: Washington DATE: 2-24-1936

19. UNDERTAKER (ADDRESS): WATSON and SON 2769 Shenandoah Av.

20. FILED: FEB 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/19, 1936

I HEREBY CERTIFY, That I attended deceased from 2/19/36, 19.., to 2/19/36, 19.. I last saw h.. alive on 2/19/36, 19.. Death is said to have occurred on the date stated above, at 2:21 a.m.

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

Generalized Peritonitis 1340 — Date of onset about Feb 1932

Other contributory causes of importance: Inspections Complete Prolapse Uterus — ?

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) [illegible] M. D.

(Address) [illegible]