

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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Barton Registration District No. 40
Township Lamar Primary Registration District No. 4024
City Lamar (No.) St. Ward
File No. 18477
Registered No. 20

2. FULL NAME Jennie S. Locey

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. J. Locey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1861</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>23</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>At home</u>			
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler, Missouri.</u>			
	13. NAME <u>Daniel Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Work</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Ohio</u>			
17. INFORMANT <u>Mrs. Callie White</u> (ADDRESS) <u>820 Market, Seattle, Wash.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Cemetery</u> DATE <u>May 27th 1936</u>				
19. UNDERTAKER <u>C. E. Konantz</u> (ADDRESS) <u>Lamar, Mo.</u>				
20. FILED <u>May 27 1936</u> <u>A. J. Smyrall</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 19 36

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to May 21, 1936
I last saw alive on May 21, 1936 Death is said to have occurred on the date stated above, at 4:45p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach Date of onset

Other contributory causes of importance:
40

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) Thos. Miller, M. D.
Lamar, Mo.
(Address)

