

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

Do not use this space.

JUN 17 1936

19002

1. PLACE OF DEATH

County Dallas
Township S. Benton
City Buffalo (No. _____)

Registration District No. 241
Primary Registration District No. 3434

File No. _____
Registered No. 1048
St. _____ Ward _____

2. FULL NAME Anna Booth Locke

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>H</u>	4. COLOR OR RACE <u>W</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>Joseph Locke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 - 1888</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>—</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>Home Keeper</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT May Robinson (ADDRESS) Buffalo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Cem. DATE 5-17-36

19. UNDERTAKER H. B. Jones (ADDRESS) Buffalo, Mo.

20. FILED 110 1936 Thirney Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to May 15, 1936
I last saw him alive on May 14, 1936 Death is said to have occurred on the date stated above, at 6:25 a.m.

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

Chronic Cardio-Respiratory Disease
Several years

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? no

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) G. B. Phummer, M. D.
(Address) Buffalo, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BUILDING

FORM 1-28-35

