

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.

19701

JUL 24 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 407 S. Askew) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2550

Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Elizabeth Lockhart

(a) Residence, No. 406 S. Askew St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Va13. NAME Robt. McGlothlin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va15. MAIDEN NAME Rebecca Carol16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Mrs. Nora Liter  
(ADDRESS) 407 S. Askew K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 1-36 1919. UNDERTAKER C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED 6/2 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30-36 1922. I HEREBY CERTIFY That I attended deceased from 35 May 30 1936

I last saw her alive on May 29 1936 Death is said to have occurred on the date stated above, at 2A m.

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

Thrombosis of aorta at  
severe fracture Date of onset 5-24-36

Other contributory causes of importance:

Hypertension  
Chronic Valv. Heart Dis-

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis Clinical Was there an autopsy? No23. 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) Forest Foster \_\_\_\_\_, M. D.(Address) 333 Lathrop Bldg  
Kansas City Mo.

Sutherland Bldg