SEP 29 1936

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

Do not use this space.

30855

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Lakeside Hospital St. 3640 Ward)

File No.
Registered No.

2. FULL NAME Alice Arleen Lockard
(a) Residence, No. 4140 Charlotte Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	3	4	

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. Stenographer
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) Kansas

FATHER
13. NAME John H. Lockard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Alice Marsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT L. A. Lockard 1621 South
(ADDRESS) Wichita, Kansas Ward St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug. 8, 1936.

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri

20. FILED Aug 7, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd, 1936, to Aug. 6th, 1936
I last saw he was alive on Aug 6th, 1936 Death is said to have occurred on the date stated above, at 3.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Septic peritonitis	8-3-36
139a	
Other contributory causes of importance:	
Ruptured Ovarian cyst &	8-2-36
Intestinal obstruction	8-3-36
(Ileal Kink)	

Name of operation: for obstruction & Drainage Date of 8-3-36
What test confirmed diagnosis? Clin & Lab 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) Dr. C. B. Spinnell M.D.
(Address)

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.

Chambers. O

1-5 P.M.