

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

Do not use this space.

1. PLACE OF DEATH **061-20 1936**

County **Bates**

Township **Mound**

City

Registration District No. **47**

Primary Registration District No. **5070**

File No. **33589**

Registered No.

2. FULL NAME **Byron E. Lookard**

(a) Residence, No. **FD # 3 Butler Mo.** St. _____ Ward. _____

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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 28 1872**

7. AGE YEARS **64** MONTHS **1** DAYS **22** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **farmer**
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 **50**

12. BIRTHPLACE (CITY OR TOWN) **Bates County Missouri** (STATE OR COUNTRY)

13. NAME **Emanuel Lookard**

14. BIRTHPLACE (CITY OR TOWN) **Ohio** (STATE OR COUNTRY)

15. MAIDEN NAME **Barbara Benner**

16. BIRTHPLACE (CITY OR TOWN) **Brunswick Canada** (STATE OR COUNTRY)

17. INFORMANT **Carnie Lockard** (ADDRESS) **FD # 3 Butler Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oakhill Cem Butler** DATE **Sept. 21/36**

19. UNDERTAKER **Boothe** (ADDRESS) **Rich Hill Missouri**

20. FILED **Oct 10 1936 M. Smith** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 19/36**

22. I HEREBY CERTIFY, That I attended deceased from **June 1936**, 19 **Sept 1936** I last saw him alive on **Sept 19 1936** Death is said to have occurred on the date stated above, at **7:30 P.M.**

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

Chronic Nephritis Myocarditis

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Other contributory causes of importance:

Chronic Nephritis

Name of operation **Dis** Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) **L. D. Laker** _____, M. D.

(Address) **Butler mo.**

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.

