

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. St Lukes Hospital)File No. 6498Registered No. 1357

St. _____ Ward)

2. FULL NAME Morten James Lockwood(a) Residence, No. Marionsville Mo. 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLillian C. Lockwood6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1875.7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 8 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pullman Conductor

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) Kansas13. NAME Theodore F Lockwood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Alice V Morten16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs Lillian Lockwood
Marionsville Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 19, 193719. UNDERTAKER (ADDRESS) Freeman Mortuary
Kansas City, Missouri20. FILED 7 17 37 M. M. Crowne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 17, 1937.22. I HEREBY CERTIFY, that I attended deceased from Feb 3, 1937, to Feb 17, 1937I last saw him alive on Feb 16, 1937. Death is said

to have occurred on the date stated above, at _____ m.

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

Bronchial
Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) J. C. Remery, M. D.(Address) 311 Argyle St

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.

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Dr. Karmay
Anglo Bldg.

MAY 9 1942