

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

MAR 26 1937

1. PLACE OF DEATH

County Stoddard
Township Baxter
City Bloomfield Mo.

Registration District No. 837
Primary Registration District No. 10099

File No. 9107
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Mrs. Sarah Edna Lockhart

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937 to Feb. 22, 1937

I last saw her alive on Feb. 23, 1937 Death is said to have occurred on the date stated above, at 4:40 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 2 19

Cerebral Hemorrhage Ph.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

Other contributory causes of importance: Arteria Sclerosis

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

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____

13. NAME James Welch

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

15. MAIDEN NAME Missionbrouse

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

17. INFORMANT (ADDRESS) Fr. Spence 5351 Adams St. St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE 2-24-37

19. UNDERTAKER (ADDRESS) Chas. Undertaking Co Bloomfield Mo.

20. FILED Mar 20 1937 Dr. Edw. J. S. Registrar.

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) Edward Ford, M. D.
(Address) Bloomfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

