

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Green
City Utica (No. _____)

Registration District No. 512
Primary Registration District No. 5682

File No. 12523
Registered No. _____
St. _____ Ward _____

2. FULL NAME Charles E. Locke

(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 21 yrs. 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 OF Mary Locke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 0 0

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 _____

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

13. NAME F. C. Locke

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

15. MAIDEN NAME Elizabeth Brown

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

17. INFORMANT Mrs. Mary Locke
(ADDRESS) Utica, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica DATE 2-25 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Mar 10, 1937 Orma Carpenter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Feb 23, 1937

Last seen alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 3:10am

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

Relapsing fever June 1937 Date of onset

Other contributory causes of importance 6

Name of operation none Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? 40

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) Orma Carpenter, M. D.
(Address) Chillicothe, 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.

