

REC'D APR 23 1938

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

Do not use this space.

12370

1. PLACE OF DEATH

County

Vernon

Registration District No.

875

Township

City

Neuada

Primary Registration District No.

3039

(No. City Hospital)

File No.

Registered No.

96

St.

Ward)

2. FULL NAME

Emma Lockhart 26 B

(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**3. SEX**

Female

4. COLOR, OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

March 29 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

0

6

OCCUPATION**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.**

March 1 1938

46 years

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

Vernon Co. Mo

FATHER**13. NAME**

John B. Grinsley

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

Ills

MOTHER**15. MAIDEN NAME**

Emma Life

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

Mo

17. INFORMANT (ADDRESS)Arthur H. Barkson
Rural Route No.**18. BURIAL, CREMATION, OR REMOVAL PLACE**City (Cem) Cedar Springs Mo
DATE 4-7-1938**19. UNDERTAKER (ADDRESS)**

Eldorado Springs Mo

20. FILEDApril 6 1938
Allen V. Hays
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 15 1938, to April 5 1938

I last saw her alive on April 5 1938. Death is said

to have occurred on the date stated above, at 5:15 a. m.

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

Coronary Thrombosis

Adeno Carcinoma of Rectum

Metastasis

Other contributory causes of importance: 49-

Name of operation: Resection of rectum

What test confirmed diagnosis: Biopsy

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) [Signature], M. D.

735 (Address) Nevada Mo

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

