

AUG 10 1938

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

Do not use this space.

26093

1. PLACE OF DEATH

County OsageRegistration District No. 641

File No. _____

Township JacksonPrimary Registration District No. 5850

Registered No. _____

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME Nictor Lock200

(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

Male

4. COLOR OR RACE

White

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

Single

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

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

Dec 25 1924

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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OCCUPATION

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

Farming

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)

Kaeltzton Mo.

MOTHER, FATHER

13. NAME

August Lock

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

Kaeltzton Mo.

15. MAIDEN NAME

Anna Bay

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

Kaeltzton Mo.

17. INFORMANT (ADDRESS)

Laurence Lock Kaeltzton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kaeltzton Mo.DATE 7-28-38

19. UNDERTAKER (ADDRESS)

Herman N. Strop Mo.

20. FILED

July 27 1938 Robert Prater Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 26 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 18 1938 to Aug 26 1938I last saw him alive on in July 1938 1938. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Resistant malaria Date of onset July 16Remittant malaria

Other contributory causes of importance:

Pneumonia. 3!

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) H. G. French, M. D.(Address) Osage, Mo.

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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.

