

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.

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

Do not use this space.

REC'D APR 20 1939

1. PLACE OF DEATH
 County Pettis Registration District No. 665
 Township _____ Primary Registration District No. 4398
 City Houstonia (No. _____) St. _____ Ward _____
 2. FULL NAME Samuel Benjamin Lockney
 (a) Residence, No. Houstonia 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 11842
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Joy Arington Lockney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1850
 7. AGE YEARS 88 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. general machinist
 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 life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Mar 7, 1939.
 I last saw him alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza - Mar 1
 Date of onset Mar 1-2
 Other contributory causes of importance:
1 lb
Acute Bronchial Pneumonia Mar 1-3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Ar Mo
 13. NAME Fredrick Lockney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo
 15. MAIDEN NAME Letitia Dickson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo
 17. INFORMANT Cecil Lockney (ADDRESS) Houstonia Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Houstonia DATE Apr 9, 1939
 19. UNDERTAKER Westbrook (ADDRESS) Houstonia Mo
 20. FILED Mar 25 1939 - Mrs J. B. Verbee Registrar

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 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? X
 If so, specify _____
 (Signed) C. L. P. R. Hersh, M. D.
 (Address) Houstonia, Mo.

1 X0314

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/14/39