

REC OCT 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County Dade
Township Lockwood
City Lockwood

Registration District No. 238
Primary Registration District No. 4145

File No. 31839
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lillie Dale Black
(Usual place of abode) Lockwood Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>N.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jasper Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1858</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>4</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)		

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

13. NAME
B Newland

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

15. MAIDEN NAME
Martha Ann Moody

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

17. INFORMANT (ADDRESS)
Mrs Nelson Gentry
Lockwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lockwood DATE Dec 6 1939

19. UNDERTAKER (ADDRESS)
Ray Caldwell
Lockwood Mo.

20. FILED 12-7 1939 J. H. Wren
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1939, to Dec 4 1939.
I last saw him alive on Dec 4 1939. Death is said to 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:

Cardiovascular Renal Disease Date of onset 12/1

Other contributory causes of importance:

Chronic Bronchitis

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) J. H. Wren M. D.
(Address) Lockwood 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.

