

NOV 25 1940

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

Do not use this space.

35189

1. PLACE OF DEATH

County the hills 20 Registration District No. 26 File No. \_\_\_\_\_  
Township Adams Primary Registration District No. 5365 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elijah Lockhart  
(a) Residence, No. Maryville mo Ward. \_\_\_\_\_ (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1872

7. AGE YEARS 68 MONTHS 1 DAYS 2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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) De Soto Co. Mo.

FATHER 13. NAME Silas Lockhart

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

MOTHER 15. MAIDEN NAME Susan Tree

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

17. INFORMANT Cara Lockhart  
(ADDRESS) Maryville mo

18. BURIAL, CREMATION, OR REMOVAL Interred  
PLACE Maryville mo DATE 10/29/40

19. UNDERTAKER Lockhart Funeral Home  
(ADDRESS) Maryville mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ James Fitzgerald  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1939, to Oct 27, 1940

I last saw him alive on Oct 27, 1940 Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arterio-sclerosis  
93C  
Other contributory causes of importance: \_\_\_\_\_

Date of onset Oct 27  
1940  
Survived \_\_\_\_\_  
years.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Fred J. Wilson M. D.  
(Address) Winston 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.

175-10  
2781

Embodied By  
J. P. Packer

Mayfield

No # 3960

mo