

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

Do not use this space.

22092

1. PLACE OF DEATH

County Monterey
Township Walter
City Califonia

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 35

2. FULL NAME

Robert Earl Hall Lockridge

(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 30 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

Sam W Lockridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER

Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Bette Lockridge
(Address) Califonia

15.

FILED June 13, 1929 James W. Rank
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 12 - 1929

17. I HEREBY CERTIFY That I attended deceased from 2 - 26 - 1929, to 3 - 21 - 1929 that I last saw him alive on 3 - 21 - 1929, and that death occurred, on the date stated above, at 12 - A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nervous Prostration

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. R. Poley, M. D.

6 - 12 - 1929 (Address) California MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Marion's Cemetery Califonia June 13 1929

20. UNDERTAKER ADDRESS

J. W. Wilcox & Sons Califonia

68
1
2
202
2

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.

