

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Ashland Registration District No. 34 File No. 14615
Township Montgomery Primary Registration District No. 8007 Registered No. 54
or Village Ashland No. 129 East 3rd St., Ward
or City of Ashland (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 3 yrs. 0 mos. 0 ds.

2 FULL NAME Marshall Pinckney Wilder Locke Did Deceased Serve in U. S. Navy or Army No
(a) Residence. No. 129 E. 3rd St. St., 7th Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR White or RACE
5. SINGLE, MARRIED, Write the word Widowed or Divorced Single

6. If Married, Widowed, or Divorced Husband of (or) Wife of _____

7. DATE OF BIRTH (month, day, and year) March 13, 1857

8. AGE (years) Months Days If LESS than 1 day, hrs. or min. 82 11 24 17

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

9. Industry or business in which work was done, as 33 silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) August 1920 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Ashland (State or country) Ohio

13. NAME Josiah Locke

14. BIRTHPLACE (city or town) Melmore, Ohio (State or country)

15. MAIDEN NAME Dancer Louis Brengle

16. BIRTHPLACE (city or town) Frederick City, Md. (State or country)

17. The Signature of INFORMANT and (Address) J. P. Mason
1577 Pleasant Ashland, O.

18. BURIAL, CREMATION, OR REMOVAL Place Ashland, O. Date March 24, 1940

19. FUNERAL FIRM W. L. Mowery

20. BURIED BY W. L. Mowery Lic. No. 1306
Address Ashland, Ohio

21. EMBALMER W. L. Mowery Lic. No. 3123
Address Ashland, Ohio

22. FILED 3-7-40 Glenns M. M. H. Registrar

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, and year) Mar 6, 1940

24. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1940, to Mar 6, 1940.
I last saw him alive on Mar 1, 1940, death is said to have occurred on the date stated above at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Myocardial infarction
sclerosis

CONTRIBUTORY CAUSES of importance not related to principal cause: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

25. 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 _____

26. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. L. Mowery M. D.
Date 3/7, 1940 Address Ashland, O.