

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be properly classified.

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

Do not use this space.

7631

1. PLACE OF DEATH  
 County Jefferson Registration District No. 213-  
 Township St. Louis Primary Registration District No. 3014-  
 City St. Louis (No. 104- St. 104- Ward)

2. FULL NAME Bladep Margaret Lane  
 (a) Residence, No. 8 St. Louis Road St. 104- Ward 104-  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 28 - 1927</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>14</u> hrs. or <u>14</u> min.
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) <u>Jefferson Mo</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>B P Lane</u>		
PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Over Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Artha Ware</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Over Mo</u> (STATE OR COUNTRY)	
14. INFORMANT <u>B. J. Lane</u> (Address) <u>8 St. Louis Road</u>		
15. FILED <u>3/30- 20.V. Bedford</u> REGISTER		

**1 MEDICAL CERTIFICATE OF DEATH**

6. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1927  
 I HEREBY CERTIFY, That I attended deceased from 3/28, 1927, to 3/29, 1927  
 that I last saw h. 29 alive on 3/29, 1927, and that death occurred, on the date stated above, at 10:30 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Hemorrhage  
cause unknown  
 (duration) yrs. mos. da. 11-17  
 CONTRIBUTORY (SECONDARY) 107 C 2  
 (duration) yrs. mos. da. \_\_\_\_\_  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, DATE OF \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) David J. Lane M. D.  
4/25, 1927 (Address) Jefferson City 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 City Cem DATE OF BURIAL Mar 30 1927  
 20. UNDERTAKER Lane & James ADDRESS St. Louis

