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

Do not use this space.

B

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 17192
Township — Primary Registration District No. 1003 — Registered No. 11612
City St Louis (No. Barnes Hosp St. Ward)

2. FULL NAME LANE, SUSIE, MAYBELL
(a) Residence. No. 6331 AUDREY St., 12 Ward. St Louis Co Mo.
(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 Female
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 Sidney Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22-1900

7. AGE 27 YEARS — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newburg, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ben Greyson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newburg
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newburg
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Sidney P. Lane
(Address) 6331 Audrey Ave

15. FILED DEC 27 1927 Mae C Starzeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1927, to 12-24, 1927 that I last saw h.e.R. alive on 12-24, 1927, and that death occurred, on the date stated above, at 10:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF 12/20/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum exam.

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(Signed) Dr N.R. Peterson M.D.
, 19 (Address) Barnes Hosp.

*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 Newburg Missouri — DATE OF BURIAL 12-25 1927

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton ave

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

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