

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

Do not use this space.

5275

**1. PLACE OF DEATH**

County Jackson  
Towship Law  
City St. Louis City (No. 2728)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 1016  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2728 Summit St., Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 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**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
59 | 11 | 1 |

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Eliza Tull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Duke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

14. INFORMANT Robert A Lane  
(Address) 45 46 Madison

15. FILED 36 28 M. M. Crowe  
1928 asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 25 1928 to 28 1928 (that I last saw h. or .. alive on 25 1928, and that death occurred, on the date stated above, at 204 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
822 Central Neurotoph  
114 B

W. W. W. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Organic Respiratory  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. W. W. M. D.  
3-5- 1928 (Address) 1004 North Bell

\*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 St Marys DATE OF BURIAL May 7 1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS City

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.

THIS IS A PERMANENT RECORD

McElvain  
1004 Priests  
332

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