

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Roundau
City ✓ (No.)

Registration District No. 87
Primary Registration District No. 5129

File No. 7985
Registered No. 4
St. Ward

2. FULL NAME

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF- (OR) WIFE OF Edd King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1898

7. AGE 35 YEARS MONTHS 2 DAYS 2 If LESS than 1 day, hrs. 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) Williamsville
(STATE OR COUNTRY) Butler Co. Mo.

10. NAME OF FATHER Henry Clay Lane

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

12. MAIDEN NAME OF MOTHER Lillie L. Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polk Co. Ill.
(STATE OR COUNTRY) Ill.

14. INFORMANT Edd King
(Address) Williamsville Mo.

15. FILED 3/17, 1928 M. M. Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8, 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1927 to Mar 8 1928 that I last saw him alive on Dec 5, 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chest

(Signed) Franklin, M. D.

3/15, 1928 (Address) Wright no

*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 Kenzie Cems DATE OF BURIAL 3-10, 1928

20. UNDERTAKER Mrs M. G. Naylor, Mo. ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

