

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

Do not use this space.

961A

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**1. PLACE OF DEATH**

County Lefayette  
 Township Lefayette  
 City Watsonton

Registration District No. 401  
 Primary Registration District No. 5629-

File No. ....  
 Registered No. ....  
 St. .... Ward

**2. FULL NAME**

Watson Lane  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF Jennie Lane

17. I HEREBY CERTIFY That I attended deceased from for several years to March 6, 1928 that I last saw him alive on May 4, 1928 and that death occurred, on the date stated above, at Watsonton, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22-1863

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
65 0 24

Pulmonary Bronchitis

**8. OCCUPATION OF DECEASED**

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

23931

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

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

Ohio

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wilse Lane

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

WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Cape, M. D.

12. MAIDEN NAME OF MOTHER Rodil Watson

Mar. 6, 1928 (Address) Luxington Mo.

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

\*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.

14. INFORMANT Edward Lane  
 (Address) Luxington Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL**

Luxington Mo Mar 8 1928

15. Mar 6 28 J. W. Cape  
 Registrar

20. UNDERTAKER Central Legent Luxington Mo  
 ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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