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.

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

Do not use this space.

16360

JUL

1. PLACE OF DEATH
County Caldwell — Registration District No. 98 — File No.
Township New York — Primary Registration District No. 514 5 — Registered No. 10
City (No. , St. Ward)

2. FULL NAME Joshua Lane
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3rd 1876
7. AGE: Years 52 — Months 2 — Days 17 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell Co

PARENTS
10. NAME OF FATHER: Joseph Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Sarah Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Ola Lane
(Address) Kingston Mo

15. FILED 5-22 1928 J. E. Gartside REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 - 1928
17. I HEREBY CERTIFY, That I attended deceased from April 17" 1928, to May 20" 1928, that I last saw him alive on May 20" 1928, and that death occurred, on the date stated above, at 7:30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilation of Heart
11B 11B 25B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal "Flue"
(duration) yrs. mos. 35 ds.
18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF --
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. E. Gartside, M. D
May 21, 1928 (Address) Kingston 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: Braymer Cemetery — DATE OF BURIAL: May 22 1928
20. UNDERTAKER: John Houghton — ADDRESS: Hamilton Mo