

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

Do not use this space.

31130

90 1928

**1. PLACE OF DEATH**

County Monteau Registration District No. 576  
 Township Brown Harrison Primary Registration District No. 5773  
 City..... (No.....)..... St. .... Ward)

File No. ....  
 Registered No. 28

**2. FULL NAME** Sarah A 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**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William N. Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, hrs.	or min.
<u>83</u>		<u>0</u>	<u>23</u>		

**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) Northampton Eng.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William H. Smith

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

12. MAIDEN NAME OF MOTHER Phoebe Taylor

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

14. INFORMANT Mrs. Roe Anson  
 (Address) High Point Mo

15. FILED 9-13 1928 Hugh L. Embree  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 1st, 1928, to Sept 11, 1928 that I last saw her alive on Sept 16, 1928 and that death occurred, on the date stated above, at 2 P m.

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

Gangrene of foot.

CONTRIBUTORY (SECONDARY) 980 15/13  
 (duration) yrs. mos. ds.

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. P. Leslie, M. D.

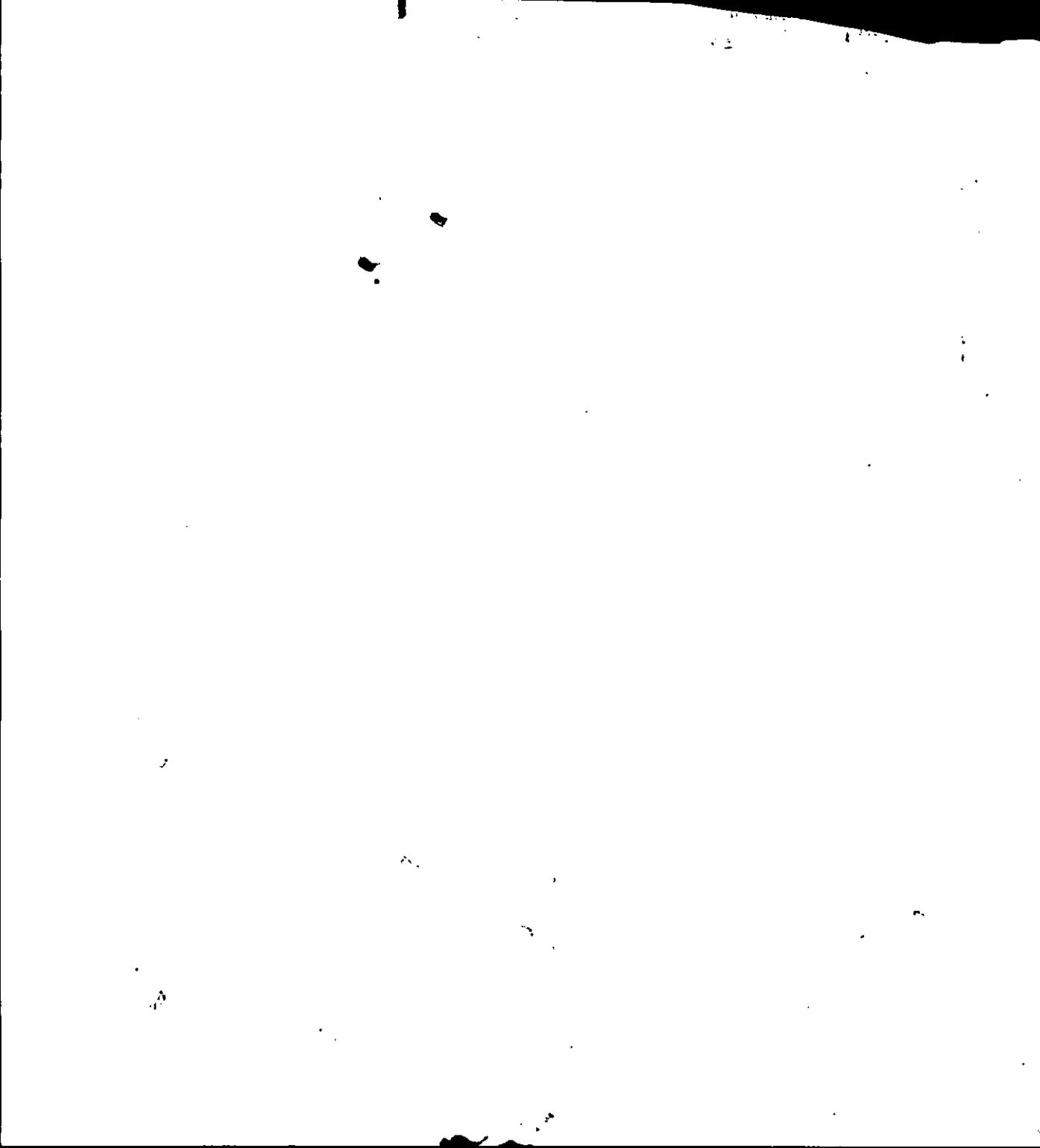
9-11 1928 (Address) Russellville Mo

\*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 Union Cemetery DATE OF BURIAL Sept 13 1928

20. URBERTAKER G. N. Steffens ADDRESS Russellville Mo

PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. Terms, so that it may be properly classified.



High Point Mo  
Feb-13-1929

Mr G. A. Theilmann

Dear Sir in information of my  
Mother Mrs Sarah A. Laur's death on  
Sept 11 1928 was in Montauk Co  
Harrison Town Ship 43 High Point  
Montauk Co Mo.

yours Resp  
Mrs M. W. Amos

S-31130

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item of information 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.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.  
 County Monteau Registration District No. 576 File No. 31130  
 Township Harrison Primary Registration District No. 5773 Registered No. 7  
 City (No. ....) St. .... Ward (If nonresident give city or town and State)

2. FULL NAME Sarah A. 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**

3. SEX J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 - 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>83</u>		<u>23</u>	

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

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

10. NAME OF FATHER Wm H. Smith

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

12. MAIDEN NAME OF MOTHER Abigail Taylor

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

14. INFORMANT Mrs. Rose Amos  
 (Address) High Point

15. FILED Mar. 19 29 Wm. H. Finke REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 19 28

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gangrene of foot  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 15110  
 (duration) ..... yrs. .... mos. .... ds.

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. L. Leslie M. D.  
 , 19 (Address) Russellville

\*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 Union Cem DATE OF BURIAL Sept 13 19 28

20. UNDERTAKER G. N. Steffen ADDRESS Russellville

SUPPLEMENTARY

S-31130