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

Do not use this space.

22078

JUL 26 1929

1. PLACE OF DEATH

County: Mississippi — Registration District No. 566 — File No.

Township: Lyrapatty — Primary Registration District No. 5762 — Registered No. 58

City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME: Annie Marie Lane

(a) Residence. No. RFD #2 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. 11 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 14, 1928

7. AGE: Years — Months: 11 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

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): Charleston
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Will Lane

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Equality
(STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Agnes Glover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Blodgett
(STATE OR COUNTRY): Mo.

14. INFORMANT: Will Lane
(Address): Charleston, Mo.

15. FILED June 26th, 1929 — P. S. Lemon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 11:05 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-26 1929

17. I HEREBY CERTIFY, That I attended deceased from June 20 —, 1929, to June 26th, 1929 that I last saw h. on alive on June 26th, 1929, and that death occurred, on the date stated above, at 11:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pelvic Cellulitis
119B

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 1138

(duration) 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? Clinical Symptoms

(Signed) Frank S. Lemon, M. D.

6-26-1929 (Address) Charleston 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: L. O. F. — DATE OF BURIAL: 6/27 1929

20. UNDERTAKER: Fair Und. Co. — ADDRESS: Charleston

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.