

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.

7871

1. PLACE OF DEATH

County Butler Registration District No. 88
Township Coon Island Primary Registration District No. 6268
City (No.) St. Ward)

File No.
Registered No. 10

2. FULL NAME William Elmer 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 28

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

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

10. NAME OF FATHER William Lane

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

12. MAIDEN NAME OF MOTHER Mary Allread

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

14. INFORMANT Lessie Silkwood
(Address) Keelyville, Missouri

15. FILED 4-3-, 1930 R. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 18 1930

17. I HEREBY CERTIFY, That I attended deceased from March 18 1930, to March 18 1930, that I last saw him alive on March 18 1930, and that death occurred, on the date stated above, at 2:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 23A (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? "

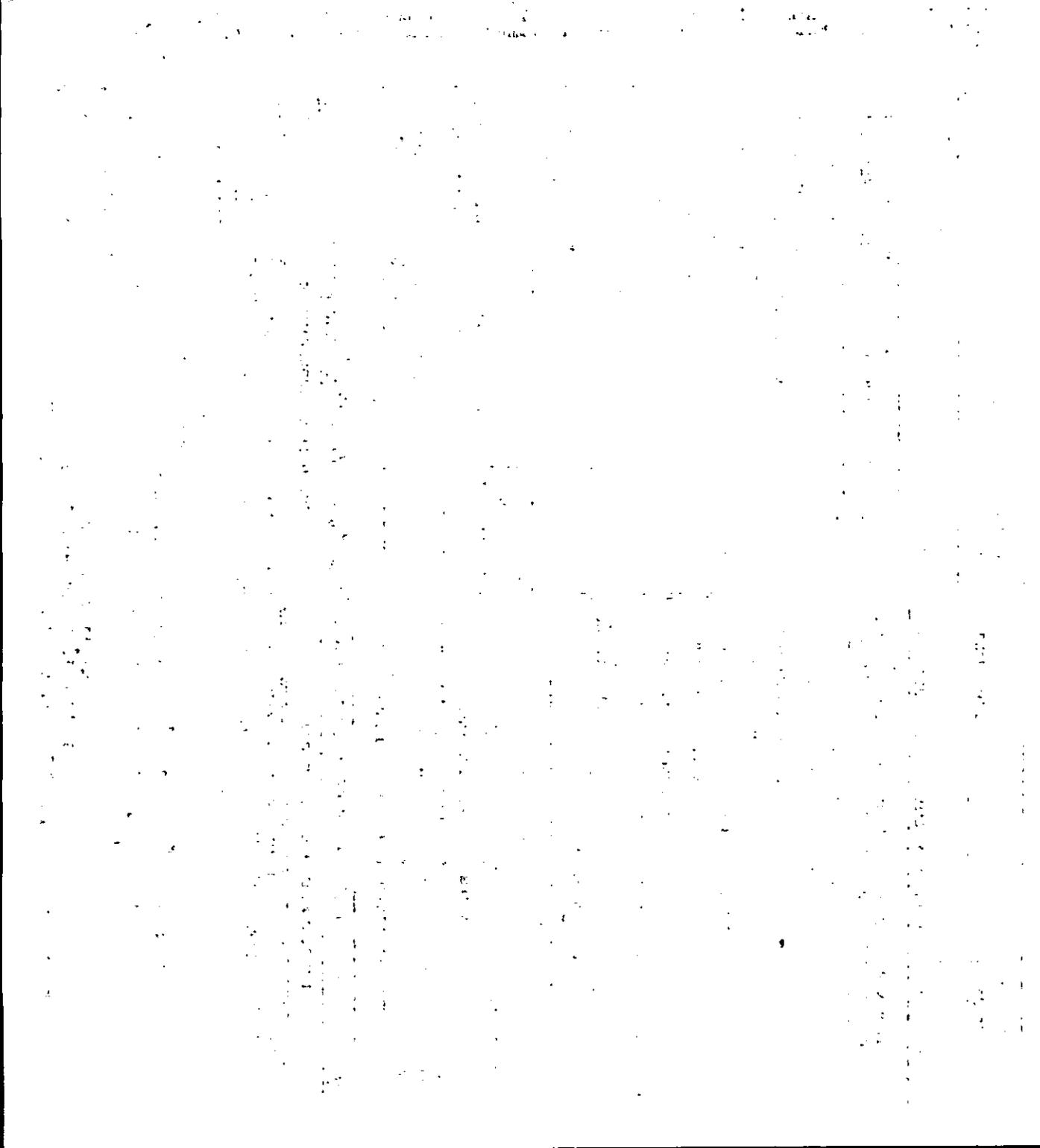
WHAT TEST CONFIRMED DIAGNOSIS Tuberculosis Baccilli
(Signed) H. E. White, M. D.

3-19, 1930 (Address) Naylor, 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 Coon Island Cemetery DATE OF BURIAL 3-19 1930

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



State of Missouri()
County of Butler () ss

Before me Charles A. Biggs a Notary Public, in and for the County afore-said, appeared R.L. Turner to me known, who signed the foregoing instrument of writing, on his oath acknowledged the same to be a true copy of his record of the death of William E. Lane.

Charles A. Biggs

N o t a r y P u b l i c

My Commission Expires Oct 20 1930

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