MAR 28 1930

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

Do not use this space.

9622

1. PLACE OF DEATH
County: Morgan
Township: Eagle
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 597
Primary Registration District No. 5795

File No.
Registered No.

2. FULL NAME: Edward Maurice 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 27 March 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	11	19	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galesburg Ill.

PARENTS
10. NAME OF FATHER: David Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Elizabeth Lane
(Address): Grandview Mills Mo.

15. FILED: 3/8/30 H H Lathrop REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 8 1930

17. I HEREBY CERTIFY, That I attended deceased from never saw him until, 19 after death, 19 that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
951B Heart disease
JJB
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Had Influenza some weeks before
(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) S A Newton Coroner, M. D.
, 19 (Address) Versailles 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	DATE OF BURIAL
St Marys Cem. Knobview Mo	1 Mar 1930
20. UNDERTAKER: Wm Kidwell	ADDRESS: Versailles Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Morgan — Registration District No.: 3-97 — File No.: 6
Township: Osage — Primary Registration District No.: 3-795 — Registered No.: 347
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Edward Maurice 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Elizabeth Lane

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 27-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	11	

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

9. BIRTHPLACE (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: David Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Margaret Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Elizabeth Lane
(Address): Gravois Mills mo

15. FILED: 4-10, 1930 — Dr W Hatter — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Never Dates from, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ..... 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Heart disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Had Influenza Some weeks before
..... (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) F. W. Newton Coroner, M. D
, 19 (Address) Versailles 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	DATE OF BURIAL
St Marys Cem Kansas City mo	3/11 1930
20. UNDERTAKER	**ADDRESS**
WM Kidwell	Versailles mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-9622