

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

Do not use this space.

29409

File No. _____
Registered No. 52 Ward _____

OCT 28 1930

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Halliton Primary Registration District No. 5276
City N. H. C. Mo. (No. 2107) Jayette St. _____ Ward _____

2. FULL NAME

James H. Lane
(a) Residence. No. 2107 Jayette 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Nathan Lane

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

12. MAIDEN NAME OF MOTHER Bettie Lane

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

14.

INFORMANT M. Lampkin
(Address) 2107 Jayette

15.

FILED 9/16 1930 H. W. Wag REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1930, to Sept 15 1930, that I last saw him alive on Sept 15 1930, and that death occurred, on the date stated above, at his 4 hr.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (acute) (was found dead) (in bed) 93C
75A (duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS chem & fungus
(Signed) H. W. Wag M. D.

9/16 1930 (Address) 1104 N. Kansas

*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 Herman Cem DATE OF BURIAL Sept 17 1930

20. UNDERTAKER Rose & Henderson ADDRESS 13 1/2 Jackson

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.

Dr. L. L. Lusk