WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

City Hosp #2

399 25015

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 31112

Township Kansas — Primary Registration District No. — Registered No.

City K.C. (No. General Hospital Ward)

2. FULL NAME Emma Lane (Kane)

(a) Residence. No. 1915 E 11 St., 2 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: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: About 50 — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Homer La.

PARENTS

10. NAME OF FATHER: Carroll Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lost Mo.

12. MAIDEN NAME OF MOTHER: Emma Reed

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Homer La.

14. INFORMANT: Geneva Bates Lane (Address) 1915 E 11th

15. FILED 7/11, 1931 M. M. Crouse Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-10-1931

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:

Acute Pyelonephritis
12 hr
Septicemia (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) ..... (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) ....., M. D.
7/12, 19 (Address) Detroit Center

*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: Blue Ridge Cem. — DATE OF BURIAL: 7-11 1931

20. UNDERTAKER: Doyle Bros. Und. — ADDRESS: 1708 Troost K.C. Mo.