19 # 1850

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

Do not use this space.

37520

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No.
Township Shiabar — Primary Registration District No. 3557A — Registered No.
City (No. , St. Ward)

2. FULL NAME Samuel J Lane
(a) Residence, No. Blue Springs R.F.D. St., No 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sydney Lane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1850
7. AGE 81 YEARS — MONTHS 9 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General farming
10. Date deceased last worked at this occupation (month and year) 1911
11. Total time (years) spent in this occupation 20

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

FATHER
13. NAME Elenander Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Julia Ann Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Viola Hall
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Spring DATE Nov 22 1931
19. UNDERTAKER (ADDRESS) J H Stanley Blue Spring Mo
20. FILED 12/10 1931 F W Pettit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1931
22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1925, to Nov, 20, 1931, I last saw him alive on Nov, 20, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis with Prostatitis	1911
93C	
137	
135B	
Other contributory causes of importance: Cardio-Renal Degeneration	1911

Name of operation None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) W G Rowe, M. D.
(Address) Blue Springs, Mo

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.

DEC 22 1931