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.

6940

File No. 2024

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 3531 Humphrey St. Ward)

Registration District No. 78E

Primary Registration District No.

2. FULL NAME Mary Ellen Lane

(a) Residence, No. 3531 Humphrey St., 16 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Timothy Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mary A Lane
(ADDRESS) 3531 Humphrey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/2 1932

19. UNDERTAKER N. A. Stark Undertaking Co
(ADDRESS) 2117 E. Lafayette

20. FILED MAR -1 1932 Mar C. Hartley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1931 to Feb 29 1932, I last saw her alive on Feb 28 1932. Death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C.V. Myocarditis	2 yrs
930 Debilitation	
97	

Other contributory causes of importance: Arteriosclerosis 8 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) E. F. Dudley, M. D.
(Address) Mexico Mo

[illegible]
[illegible]