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.

21587

1. PLACE OF DEATH

County ..... Registration District No. 18 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6266

City St. Louis Mo (No. Barnes Hospt. St. ..... Ward)

2. FULL NAME Edward Ernest Lane

(a) Residence, No. 7528 Parkdale St., 12 Ward. St. Louis Co. Mo
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1909

7. AGE: 22 YEARS | MONTHS: 6 | DAYS: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

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) Memphis Tenn - Shelby Co

FATHER

13. NAME Winston Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tenn

MOTHER

15. MAIDEN NAME Eliza Lee Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

17. INFORMANT (ADDRESS) Norman Lane 7528 Parkdale

18. BURIAL, CREMATION, OR REMOVAL Shipped

PLACE Memphis Tenn DATE July 6 1932

19. UNDERTAKER (ADDRESS) W. C. Boyd 4209 W. Easton

20. FILED July 6 1932 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-17-, 1932 to 6-30-, 1932

I last saw him alive on 6-30-, 1932. Death is said to have occurred on the date stated above, at 7:00 a m.

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

	Date of onset
① Non specific granuloma of intestines	
② Pellagra	
67	
55 F	

Other contributory causes of importance:

①

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) M. Smith, M. D.

(Address) BARNES HOSPITAL