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.

JAN 22 1933

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

Do not use this space.

38733

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 125 — File No.
1 Township — Primary Registration District No. 3009 — Registered No. 295
8 City — (No. 321 North Frederick St. Ward)

2. FULL NAME George Lane

(a) Residence, No. (Usual place of abode) St., Ward. (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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 18 - 1843

7. AGE: 49 YEARS, MONTHS 1, DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laboran
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
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): Cape County 1

FATHER
13. NAME: Rube Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County

MOTHER
15. MAIDEN NAME: Vina Watkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centnown 31

17. INFORMANT (ADDRESS): Mrs Delia Lane

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemetery DATE Dec 11 1932

19. UNDERTAKER (ADDRESS): Brintoff - Howell Cape Girardeau Mo

20. FILED 12/9 1932 W C Kaempfer Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1932, to December 7, 1932
I last saw him alive on December 7, 1932. Death is said to have occurred on the date stated above, at 9 30 m.
The principal cause of death and related causes of importance were as follows:

Pericarditis
90B
95B
90 (1)

Date of onset

Other contributory causes of importance:
Dilatation of Heart

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 X X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T. P. Dalton, M. D.
(Address) Cape Girardeau Mo