

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

Do not use this space.

10439

1. PLACE OF DEATH
 10¹ County Wendover Registration District No. 55
 2 Township Wendover Primary Registration District No. 4032
 City Wendover (No.) St. Ward

62. FULL NAME Leopoldus Lane
 (a) Residence, No. St. 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.

File No.
 Registered No. 10439
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 1 - 26 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

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

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

10. Date deceased last worked at this occupation (month and year) Mar 25 1933 11. Total time (years) spent in this occupation 10 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wendover Mo

13. NAME Bonny Lane

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

15. MAIDEN NAME Rosey Harris

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

17. INFORMANT Willie Harris (ADDRESS) Wendover

18. BURIAL, CREMATION, OR REMOVAL PLACE Wendover DATE Mar 27 1933

19. UNDERTAKER P. B. Mead (ADDRESS) Wendover Mo

20. FILED Apr 10 1933 M. J. Munn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933 to Mar 26, 1933
 I last saw her alive on Mar 25, 1933 death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 10 8
10 8
 Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? None 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 None, 1933
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify None
 (Signed) Bob Peart, M. D.
 (Address) Wendover 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.

APR 24 1933

