

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

Do not use this space.

29395

1. PLACE OF DEATH
49 County Jasper Registration District No. 411
7 Township Jasper Primary Registration District No. 3007
50 City Jasper Mo. (No. _____) St. _____ Ward _____
2. FULL NAME Mrs. Clara J. Lane
(a) Residence, No. 706 Chestnut 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W.C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Lane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 - 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
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) Duboy Ohio
13. NAME John Conkline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Margaret Reddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT (ADDRESS) J. P. Lane 706 Chestnut
18. BURIAL CREATION OR REMOVAL PLACE DATE St. Hope Sept 19 1933
19. UNDERTAKER (ADDRESS) Frank - Vibber Co. Jasper Mo
20. FILED 9-19 1933 John James Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1933, to Sept. 19, 1933
I last saw him alive on Sept 17 1933 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:
General arteriosclerosis Date of onset 5
83B
97
Other contributory causes of importance:
Cerebral occlusion 7/14/33
(Thrombosis)
Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? Yes
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) Rash. L. Neff, M. D.
(Address) Jasper 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.

OCT 20 1933

