

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.

NOV 10 1933

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

Do not use this space.

32397

1. PLACE OF DEATH
 15 County Cambden Registration District No. 275
 Township Anglaise Primary Registration District No. 5170 B 13
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anna Bell 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>4</u>	<u>1</u>	

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. me

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Alford Huston Lane
 14. BIRTHPLACE (CITY OR TOWN) Montreal, Que. (STATE OR COUNTRY) Canada

MOTHER
 15. MAIDEN NAME Ethel Lawrence Baker
 16. BIRTHPLACE (CITY OR TOWN) Oregon (STATE OR COUNTRY) Oregon

17. INFORMANT Alford H. Lane (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Montreal DATE Oct 1931

19. UNDERTAKER J. O. ... (ADDRESS) _____

20. FILED Oct 28, 1933 W. O. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to Oct 28 1933
 I last saw her alive on Oct 28 1933. Death is said to have occurred on the date stated above, at 2:22 p.m.
 The principal cause of death and related causes of importance were as follows:
Shia Colitis
 Date of onset _____

Other contributory causes of importance: 11/10/33 11/19/33

Name of operation none 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 _____, 1933
 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. O. ..., M. D.
 (Address) St. Louis, Mo.

