

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

Do not use this space.

1005

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence (No. best husband second St. ward)

2. FULL NAME

Frances Elizabeth Fanni Lane
(a) Residence, No. 522 W Maple Ave St. Independence Mo Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1876
7. AGE YEARS 57 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operating light housekeeping rooming house
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) Davenport Iowa

13. NAME William Lentell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daversham England

15. MAIDEN NAME Hannah Frances Fanni

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winehill Pa

17. INFORMANT John R. Lentell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope DATE 1-30

19. UNDERTAKER C.H. Blackman (ADDRESS) 11 W. Stahl 815 W Maple

20. FILED Jan. 30, 1934 Registrar Dr. F.L. Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 23, 1934 to Jan 28, 1934
I last saw her alive on Jan 28, 1934 Death is said to have occurred on the date stated above, at 4:00 m.

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

Rethargic Enceph
alib Date of onset _____

Other contributory causes of importance: Recurrent Hal an acute attack Aug 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear 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? no

If so, specify _____

(Signed) W. J. Cook (Address) Independence

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.

FEB 9 1934
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