

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

Do not use this space.

4251-1

SEP 18 1935

1. PLACE OF DEATH
 County Atchison Registration District No. 2D
 Township Tarkio. Primary Registration District No. F.D. 14
 City Tarkio, Mo. (No.) St. Ward

2. FULL NAME Bobby Lee 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12, 1934.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 10.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work ###
 (b) General nature of industry, business, or establishment in which employed (or employer) #####
 (c) Name of employer #####

9. BIRTHPLACE (CITY OR TOWN) Tarkio, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Warren Lane.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amy L. McKinney.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

14. INFORMANT Warren Lane.
 (Address) Tarkio, Mo.

15. FILE Feb 22 35 One Daugh.
 1935 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1935.

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 - 1935 to Feb 22 1935, that I last saw him alive on Feb 22 1935 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
Secondary
 (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) Secondary
 (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH. no. DATE OF.....
 WAS THERE AN AUTOPSY? no.
 WHAT TEST CONFIRMED DIAGNOSIS Physical findings
 (Signed) Dr. M. E. Redford M. D.
 , 19 (Address) Tarkio, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL
Tarkio Home Cemetery | Feb 24 1935.

20. UNDERTAKER | ADDRESS
A. S. Stewart | Tarkio, Mo.

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.

WHILE IN CONTACT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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