

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.

MAY 21 1935

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

Do not use this space.

112066

1. PLACE OF DEATH

12 County Butler  
Township Coon Island  
City (No. ....) (No. ....) Ward

Registration District No. 88  
Primary Registration District No. 6268

File No. ....  
Registered No. 13  
St. .... Ward

2. FULL NAME

William Carroll Lane  
(a) Residence, No. Freeville Mo. Star Route (If nonresident, give city or town and State)  
(Usual place of abode)  
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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ann Lane  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) about 1928 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena, Illinois

MOTHER FATHER  
13. NAME Carol Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Ill.

15. MAIDEN NAME Margaret Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Ill.

17. INFORMANT (ADDRESS) J. H. Crowe, Freeville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Post Oak Ark. DATE 4-17-1935

19. UNDERTAKER (ADDRESS) Friends by neighbor

20. FILED 4-17-1935 R. L. Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1935 to Apr. 16, 1935  
I last saw him alive on Apr. 13, 1935. Death is said to have occurred on the date stated above, at 4:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 4/4/35  
Rolar Pneumonia  
Other contributory causes of importance: Infirmitas of age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Quinac 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) J. Carter Howell, M. D.  
(Address) Post Office, Freeville, Mo.

