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.

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

JAN 15 1936

Do not use this space.
19121-C

1. PLACE OF DEATH
County Camden
Township Osage
City Linn Creek Mo (No. ..... , ... St. ..... Ward)

Registration District No. 117
Primary Registration District No. 5167

File No. 23
Registered No. .....

2. FULL NAME Margaret L. 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. 3 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Indiana (Brown County)

FATHER
13. NAME Absolum Crail
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

MOTHER
15. MAIDEN NAME Hannah Crail
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

17. INFORMANT (ADDRESS) Oran Taylor (grand son) Linn Creek Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montreal Mo DATE 6-10th 1935

19. UNDERTAKER (ADDRESS) Lon King Linn Creek Mo

20. FILED Jan 10, 1936 Lizzie Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 9, 1934
I last saw her alive on June 9, 1934. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Senility	30

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? Phy Exam Was there an autopsy? no

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 none
(Signed) E. L. Claiborne, M. D.
(Address) Crocker Mo