

FEB 18 1936

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

Do not use this space.

583

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury Primary Registration District No. 5243
City (No.) St. Ward

File No. _____
Registered No. 3

2. FULL NAME

Emmet E 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida May Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) MO

FATHER 13. NAME Robert Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Livingston

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

17. INFORMANT L. P. Lane
(ADDRESS) Salisbury MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 1/16 1936

19. UNDERTAKER Scott Winkelmeyer
(ADDRESS) Salisbury MO

20. FILED 1-6 1936 Winstanley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1936, to 1-4-1936, 1236

I last saw him alive on 1-4-1936 Death is said

to have occurred on the date stated above, at 8:30 P

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

apoplexy
Arterial

Date of onset

Other contributory causes of importance

Name of operation _____ 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 _____, 1936

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? _____

If so, specify _____

(Signed) Winstanley, M. D.

(Address) Salisbury 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.

