

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

Do not use this space.

MAY 19 1936

15176

1. PLACE OF DEATH

County Jackson Registration District No. 309  
Township Raw Primary Registration District No. 1002  
City K.C. Mo (No. Mersey Hoop) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1007

2. FULL NAME Theodore Lane

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Plains Springs Mo.  
(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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1924  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11 4 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Child  
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) Stockton Mo

MOTHER FATHER  
13. NAME Leola L. Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garfield Washington

15. MAIDEN NAME Dora Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton Mo

17. INFORMANT (ADDRESS) Leola L. Lane  
Plains Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plains Springs, Mo DATE April 9, 1936

19. UNDERTAKER (ADDRESS) Plains Springs Mo

20. FILED 4-9-36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1935, to April 9, 1936  
I last saw him alive on April 9, 1936. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Intussusception Intestinal Obstruction (Valvular) Post-operative Adhesions  
Date of onset 10-19-35  
Other contributory causes of importance: None

Name of operation Resection Intussusception Date of 10-23-35  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) Harvey E. Erwin, M. D.  
(Address) 806 1/2 Prof Bldg 15 C. Mo

