

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.

JUN 23 1936

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

Do not use this space.

23637

1. PLACE OF DEATH

County Montgomery  
Township Montgomery  
City (No. ....) St. .... Ward)

Registration District No. 592  
Primary Registration District No. 5-790

File No. ....  
Registered No. 19

2. FULL NAME

~~Andrew Lane~~ Andrew Lane  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beulah Lane</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 74</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>25</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Officer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Police Dept. Louisville, Ky.</u>			
	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) <u>Scott County Missouri</u>				
MOTHER / FATHER	13. NAME <u>James Lane</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott County Missouri</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co. Missouri</u>			
17. INFORMANT <u>Mrs. Beulah Lane</u> (ADDRESS) <u>St. Louis Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>6-14-36</u>				
19. UNDERTAKER (ADDRESS) <u>James O. Helm</u> <u>Middleton Mo.</u>				
20. FILED <u>June 1 1936</u> <u>Beulah Lane</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19....  
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Angina pectoris  
(Coronary Artery)  
Date of onset 6-1-36

Other contributory causes of importance  
None

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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?.....  
If so, specify.....  
(Signed) James O. Helm, M. D.  
(Address) New Florence Mo.  
Crown Montgomery County

1944