

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

MAN 2.8 1937 CERTIFICATE OF DEATH

Do not use this space.

43782

1. PLACE OF DEATH

County Boone  
Township Missouri  
City Boone

Registration District No. 75 51157  
Primary Registration District No. 4046

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lewis B. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1936

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

I HEREBY CERTIFY, That I attended deceased from Dec 10<sup>th</sup>, 1936, to 12-31-, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1848

I last saw him alive on 12-31-36, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>2</u>	<u>17</u>	

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

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 ✓

Other contributory causes of importance:  
Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo

13. NAME Benjamin Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Millard Lane Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Logan Graves 1-2-1937

19. UNDERTAKER (ADDRESS) Parker & Co (WHD) Columbia Mo

20. FILED 1-6-1937 Mary M. Higley Registrar

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 \_\_\_\_\_, 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) Lois Simpson, M. D.  
(Address) Columbia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

