

JAN 29 1937

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

Do not use this space.

44260

1. PLACE OF DEATH

County Deer  
Township Salem  
City Salem (No.     )

Registration District No. 266  
Primary Registration District No. 2164

File No.       
Registered No. 86 St.      Ward)     

2. FULL NAME

Anna P. 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 75 yrs. 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 widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1852

7. AGE YEARS 84 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Princeton Tennessee

FATHER 13. NAME John G. Singer

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

MOTHER 15. MAIDEN NAME Nancy E. Jordan

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

17. INFORMANT (ADDRESS) Mrs. H. B. Brubaker  
1214 N. Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Knoll DATE 12-13-36

19. UNDERTAKER (ADDRESS) H. D. Hobson  
Salem, Mo.

20. FILED 12/8 1936 H. E. Ruddle Registrar

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Dec 1 1936 to Dec 1 1936  
I last saw him alive on Dec 1 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 1935

Other contributory causes of importance: Hepatitis, Chron. 1934

Name of operation N.O. Date of       
What test confirmed diagnosis usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? N.O. 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. home

Manner of injury       
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?       
If so, specify       
(Signed) J. L. Dineen, M. D.  
(Address) Salem Mo

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

