

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.

JAN 21 1937

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

Do not use this space.

45487

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. 612 Hill) St. _____ Ward _____

File No. _____
Registered No. 311
St. _____ Ward _____

2. FULL NAME Fred. W. Lane

(a) Residence, No. 612 Hill 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 <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</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1886</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>-</u>	DAYS <u>28</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>Labourer</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Samuel Lane</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Josephine Young</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT <u>Mrs. Beulah Lane</u> (ADDRESS) <u>612 Hill St. Hannibal Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Cem. Hannibal Mo</u> DATE <u>12/10/1936</u>				
19. UNDERTAKER <u>James Osbourne</u> (ADDRESS) <u>Hannibal Mo</u>				
20. FILED <u>Dec 10, 1936</u> <u>H. C. Fisher</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1936, to Dec 9, 1936

I last saw him alive on Dec 9, 1936 Death is said

to have occurred on the date stated above, at 5:50 a.m.

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

Pulmonary tuberculosis advanced

Other contributory causes of importance:

tuberculosis of the kidney

Name of operation _____ Date of _____

What test confirmed diagnosis? Chl. 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? _____

If so, specify _____

(Signed) J. Reubum M. D.

(Address) 1001 S. Main St. Hannibal Mo

