

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

Do not use this space.

JAN 27 1937

47366

1. PLACE OF DEATH

County Stone
Township Hurley
City (No.) St. Ward)

Registration District No. 846
Primary Registration District No. 6283

File No.
Registered No. 26

2. FULL NAME Lissie Lane

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Mo.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) C. J. Steele
Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Short Cem. DATE Dec. 20-36

19. UNDERTAKER J. W. Maples
(ADDRESS) Clair, Mo.

20. FILED 7-11- 1937 H. A. Jensen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12- 1937, to Dec 19- 1936
I last saw her alive on Dec 15- 1936. Death is said to have occurred on the date stated above, at 4.9 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
arteriosclerosis
Date of onset 12-17-36
1920

Name of operation None Date of
What test confirmed diagnosis? clinical 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? yes
If so, specify
(Signed) H. L. Kerr, M. D.
(Address) Crand mo.

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.

