

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

Do not use this space.

2176

JAN 21 1937

1. PLACE OF DEATH

County Marion Co.
Township Johnson
City (No)

Registration District No. 546
Primary Registration District No. 5735

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

2. FULL NAME

Clarice 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 A 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 93 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 212
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

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

FATHER 13. NAME Dennis Ostrander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of New York

MOTHER 15. MAIDEN NAME Rachel McLean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Illinois

17. INFORMANT (ADDRESS) J. R. Hutchinson
Wichita Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony Home DATE 12-20-36

19. UNDERTAKER (ADDRESS) Birmingham Mo.
Wichita

20. FILED Dec 21, 1936 Sam A. Warner
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 11, 1936, to Dec 18, 1936
I last saw her alive on Dec 16, 1936 Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance none

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. J. Jones M. D.
(Address) Wichita Mo.

Every item of information should be carefully supplied. Age should be stated in full. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Marion
Township Johnson
City (No.) (No.) St. (No.) Ward

Registration District No. 5746
Primary Registration District No. 5735-

File No. _____
Registered No. _____

2. FULL NAME Clarice Love

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Pneumonia
Bronchus typic

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

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

Date of onset _____
Other contributory causes of importance: _____
1076

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED Dec 21- 1936 Sam A. Warner 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? _____
If so, specify _____

(Signed) O. S. Jones, M. D.
(Address) Vienna, Mo

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

SUPPLEMENT

S-2176

EXHIBIT