

MAR 19 1937
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6130

1. PLACE OF DEATH
 County Iron Registration District No. 391
 Township Arcadia Primary Registration District No. 5546a
 City Arcadia (No. _____) St. _____ Ward _____

2. FULL NAME Ronald Leon Dane
 (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

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June II 1936				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	7	7	21	
OCCUPATION	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo				
FATHER	13. NAME Lacy Dane			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo.			
MOTHER	15. MAIDEN NAME Nellie Lashley Da			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Town Mo.			
17. INFORMANT Lacy Dane (ADDRESS) Arcadia R I. Mo				
18. BURIAL, CREMATION, OR REMOVAL PLACE 2/3 DATE 1937				
19. UNDERTAKER Norman White & Son (ADDRESS) Ironton Mo.				
20. FILED Feb 13 1937 R.A. Rasche Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 3**, 19**37**

22. I HEREBY CERTIFY That I attended deceased from **Feb. 1**, 19**37**, to **Feb. 3**, 19**37**.
 I last saw him alive on **Feb. 1st**, 19**37**. Death is said to have occurred on the date stated above, at **2:00 p.m.**
 The principal cause of death and related causes of importance were as follows:
Influenza pneumoniae meningitis
 Other contributory causes of importance: **Influenza**
 Name of operation **Spinal puncture** Date of **Feb. 1, 1937**
 What test confirmed diagnosis? **Culture** Was there an autopsy? **no**

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) **R. E. Garland**, M. D.
 (Address) **Ironton, 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.

