

APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County SULLIVANRegistration District No. 852 4518Township POKYPrimary Registration District No. 6-120City MILAN

(No. _____, _____ St. _____ Ward)

File No. 13886

Registered No. _____

2. FULL NAME EDWARD B. 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 26 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 MALE4. COLOR OR RACE WHITE5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXX6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 20, 18607. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETAIL HARDWARE DEALER.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) SULLIVAN COUNTY, MISSOURI.13. NAME THOMAS LANE14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRONT ROYAL, VIRGINIA.15. MAIDEN NAME NANCY FRAZIER.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE COUNTY, KENTUCKY.17. INFORMANT MRS. O. N. SEVIER.
(ADDRESS) MILAN, MISSOURI.18. BURIAL, CREMATION, OR REMOVAL OAKWOOD CEM., MILAN. DATE MAR. 22/37.19. UNDERTAKER C. A. SCHOENE.
(ADDRESS) MILAN, MISSOURI.20. FILED Apr. 7 1937 Cles Hagan
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 20/37 1922. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to March 20, 1937.
I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 1:40 p. m.
The principal cause of death and related causes of importance were as follows:Multiple sarcomas apparently originating in region of right tibia
Date of onset about Dec. 1936.

Other contributory causes of importance:

Possibly a blow on tibia in Nov. 1936.Name of operation 0 Date of _____What test confirmed diagnosis? X-ray 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) J. S. Montgomery, M. D.(Address) Milam Mo.

