

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

Do not use this space.

15235

MAY 15 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Law Primary Registration District No. 1002
 City Kansas City (No. 2526, Tracy)

File No. _____
 Registered No. 15235 St. _____ Ward)

2. FULL NAME

Charles Lane

(a) Residence, No. 2526 Tracy 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937, to April 10, 1937
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:55 P. M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 107 - - -

Terminal heart failure. n. m. 9 10/10
 Date of onset 4-8-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 _____

Other contributory causes of importance Bronchial Pneumonia.

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

Name of operation no operation Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

23. If death was due to external causes (violence), fill in also the following: ()
 Accident, suicide, or homicide? no Date of injury no, 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. no

17. INFORMANT Etta Miller (ADDRESS) 2526 Tracy

Manner of injury no
 Nature of injury no

18. BURIAL, CREMATION, OR DISPOSAL PLACE Veteran Alm. Home DATE 4-15, 1937

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

19. UNDERTAKER H. C. Embry + Casket Co. (ADDRESS) 440 State Ave

(Signed) J. G. Prosser, M. D.
 (Address) Professional

20. FILED Apr 14 1937 Registrar.

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.

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