

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Goshlin
City Goshlin

Registration District No. 411
Primary Registration District No. 2002
(No. Freeman Hospital)

File No. 16667
Registered No. 1
St. 1 Ward

2. FULL NAME Calvin Riehl Lane

(a) Residence, No. Freeman Hospital St. Galena, Kan. Ward. 1
(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) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1858
7. AGE YEARS 78 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

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

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

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 Fred Lane
(ADDRESS) Galena, Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Burial DATE April 20-37

19. UNDERTAKER Clark and Co.
(ADDRESS) Galena, Kansas

20. FILED 4-22-37 Ed Spencer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to April 19, 1937
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Myocardial degeneration
Senility
53

Other contributory causes of importance:
Malocclusion of jaws. Right side of neck

Name of operation Some form of J. act used Date of
What test confirmed diagnosis? 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) Ed Spencer, M. D.
(Address) Galena, Kansas

