

JAN 15 1938

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

Do not use this space.

44538

1. PLACE OF DEATH  
County Atchison Registration District No. 20  
Township Tarkio Primary Registration District No. 4014  
City Tarkio, Mo (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME Infant Lane  
(a) Residence, No. Tarkio 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 00 08 00 00  
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) Tarkio, Mo (STATE OR COUNTRY) 1

13. NAME Warren G. Lane 1

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

15. MAIDEN NAME Amy McKinney

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

17. INFORMANT Warren G. Lane (ADDRESS) Tarkio, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Tarkio, Mo DATE June 11 1937

19. UNDERTAKER J. H. Deussen (ADDRESS) Tarkio, Mo

20. FILED June 10, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

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.

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

Stillbirth  
Congenital Deformity  
Encephalus

Other contributory causes of importance:

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) J. A. Haskell, M. D.  
(Address) Tarkio, 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.

RECORDING THIS IS A PERMANENT RECORD

