

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

Do not use this space.

File No. **3389**
Registered No. **12**

1. PLACE OF DEATH

61 County Missouri
Township Eagle
City Macon (No. _____ St. _____ Ward _____)

Registration District No. 533
Primary Registration District No. 5714

2. FULL NAME

Dora M. Lane **500**

(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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND or (OR) WIFE of O. C. Lane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Chatsworth, (STATE OR COUNTRY) Illinois

13. NAME Gustav Bork

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

15. MAIDEN NAME Augusta Lunkas

16. BIRTHPLACE (CITY OR TOWN) Chatsworth, (STATE OR COUNTRY) Illinois

17. INFORMANT Mr. C. O. Lane, (ADDRESS) R. R., Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty-Near Macon DATE Jan. 29, 1938

19. UNDERTAKER Albert Skinner, (ADDRESS) Macon, Missouri.

20. FILED 2/3 1938 Leo H. Henderson Registrar. **476**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-27, 1938, to Jan-27, 1938
I last saw her alive on Jan-27, 1938 Death is said to have occurred on the date stated above, at 1:30 P

The principal cause of death and related causes of importance were as follows:
Diabetic Coma Date of onset _____

Other contributory causes of importance:
Thrombosis

Name of operation None Date of _____
What test confirmed diagnosis Diabetic 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? No
If so, specify _____ (Signed) A. L. Campbell, M. D.
(Address) Macon 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.

RECEIVED

FEB 28 1938.

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MO. STATE BOARD OF HEALTH