

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.

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Golden City
City Golden City (No.)

Registration District No. 39
Primary Registration District No. 40234

File No. 28229
Registered No.
St. Ward

2. FULL NAME Richard Lane

(a) Residence, No. St. Ward. 500
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1884

7. AGE YEARS 54 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City, Mo.

13. NAME Richard Lane

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Berta Lane Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 200 S. Com. Golden City, Mo. DATE Aug 5, 1938

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City, Mo.

20. FILED Aug 6, 1938 Mrs. Margaret Sweeney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 3, 1938

I last saw him alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Angina pectoris

Other contributory causes of importance: gha

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? no
If so, specify
(Signed) Chas. P. Boone, M. D.

39 (Address) Golden City, Mo.

RECEIVED
District Health Officer No. 6,
District File Number 6-28-127
Date Filed 9-20-39