

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

Do not use this space.

JAN 23 1929

1. PLACE OF DEATH

County Hennepin
 Township Farmington
 City Decorah, Minn.

Registration District No. 361
 Primary Registration District No. 4208

File No. 40357
 Registered No. 22
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Decorah, Minn. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Widowed

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

Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.

84 | - | - | -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York state

PARENTS

10. NAME OF FATHER John J. Lane

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Hort Kinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hort Kinn

14. INFORMANT (Address) As above

15. FILED Dec 9, 1928 J. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 10, 1928, and that I had saw him alive on between 10 P.M. and 7 A.M. death occurred, on the date stated above.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infirmities of Age
Cause Unknown
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. Russell, M. D.
Dec 9, 1928 Decorah, Minn.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL R. P. Carr DATE OF BURIAL 10 1928

20. UNDERTAKER Laura Ann Russell ADDRESS Decorah

