

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

Do not use this space.

22645

1. PLACE OF DEATH

County Henry

Registration District No. 358

Township Big Creek

Primary Registration District No. 5503

City Clinton (No.)

File No.

Registered No. 8

St. Ward)

2. FULL NAME

Robert Morris Lane

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

single

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

5-14-1914

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
16	2	-	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Morris Lane

9. BIRTHPLACE (CITY OR TOWN)

Henry County Missouri

10. NAME OF FATHER

Morris Lane

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Clinton Missouri

12. MAIDEN NAME OF MOTHER

Daisy Covington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Henry Co. Missouri

14.

INFORMANT Morris Lane
(Address) Garland Mo.

15.

FILED 7/16, 1930 E. G. Hibler
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930 to July 14, 1930.

that I last saw him and July 14, 1930 and that death occurred, on the date stated above, at not determined

THE CAUSE OF DEATH WAS AS FOLLOWS:

supposed accidental by his horse falling & throwing him, was found dead 2125 (duration) yrs. mos. ds.

CONTRIBUTORY 2125 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Bentley M. D.

(Address) Chilhowee Mo

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

Englewood DATE OF BURIAL 7-16 1930

20. UNDERTAKER

Lewis Wilkinson ADDRESS Clinton

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 OCCURRENCE is very important.

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