

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39839

JAN 26 1934
42
4
7

PLACE OF DEATH

County HERRY
Township _____
City CLINTON (No. _____)

Registration District No. 3478
Primary Registration District No. 3018

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME Daisey Ella Lane

(a) Residence, No. Rt. 3, Clinton Mo. St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 14 - 1888
7. AGE YEARS 45 MONTHS 5 DAYS 7 If LESS than day, hrs. or min.

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herry County Mo.

FATHER 13. NAME R. H. Covington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herry County Mo.

MOTHER 15. MAIDEN NAME Lucy Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herry County Mo.

17. INFORMANT Morris Lane
(ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12-18-33

19. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton Mo.

20. FILED 12-18-33 J. R. Haegele
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Dec 16, 1933

I last saw her alive on Dec 16, 1933 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Carcinoma of uterus Date of onset Feb/33
48

Other contributory causes of importance: 48

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) S. B. Hughes, M. D.

(Address) Clinton, Mo.

