

MAY 20 1937

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

Do not use this space.

16460

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 44 Township Primary Registration District No. 3018
 9 City Clinton (No.) St. Ward

2. FULL NAME Sarah Jane Lane
 (a) Residence, No. 319, n 3rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 5 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 19

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) (STATE OR COUNTRY) Henry, Mo

13. NAME Robin J Lindsay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Margaret E. Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mr. Harry Culbert
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4/26 1937

19. UNDERTAKER (ADDRESS) Consoler & Peas
Clinton Mo

20. FILED 5-1 1937 J. B. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1937, to 4-24, 1937
 I last saw him alive on 4-24, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Angina pectoris & Coronary Endarteriosclerosis
High Blood Pressure
 Date of case: 4-24-37

Other contributory causes of importance:
High Blood Pressure

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?
 If so, specify
 (Signed) H. S. Walker, M. D.
 (Address) Clinton Mo

Every item of information should be carefully supplied. Do not use this space. MISSOURIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEMORANDUM FOR THE RECORD
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