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.

MAY 25 1931

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

Do not use this space.

14794

1. PLACE OF DEATH

County Lewis — Registration District No. 480 — File No.

Township — Primary Registration District No. 4289 — Registered No. 7

City La Grange (No. , St. Ward)

2. FULL NAME Mrs Jane Menke

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26th 1861

7. AGE: YEARS 69 — MONTHS 5 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Merchant 16

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) Apl 20, 1931

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Mo. 1

FATHER

13. NAME J.W.Lyons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 2

MOTHER

15. MAIDEN NAME Elizabeth Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Mo. 1

17. INFORMANT (ADDRESS) R.N.Lyons La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edina DATE April 27 1931

19. UNDERTAKER (ADDRESS) A.A.Roberts, La Grange, Mo.

20. FILED Apl 26, 1931 W S Ellery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apl 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apl 21, 1931, to Apl 24, 1931

I last saw her alive on Apl 24, 1931. Death is said to have occurred on the date stated above, at 118 m.

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

Pneumonia Lobar 108 — Date of onset Apl 20 1931

108

Other contributory causes of importance:

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) W S Ellery, M. D.

(Address) La Grange Mo