JUN 22 1936

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

Do not use this space.

20009

1. PLACE OF DEATH

County Macon — Registration District No. 533 — File No.

Township — Primary Registration District No. 3027 — Registered No. 60

City Macon (No. , St. Ward)

2. FULL NAME Lane Ruth Chrisman

(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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Macon Mo

FATHER

13. NAME Aubrey Chrisman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lagonda Mo

MOTHER

15. MAIDEN NAME Ruth Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

17. INFORMANT (ADDRESS) Mrs Aubrey Chrisman Foo New Cambria

18. BURIAL, CREMATION, OR REMOVAL
PLACE Johnson Cem Lagonda Mo DATE May 29 1936

19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline Mo

20. FILED 5/29 1936 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 28, 1936

I last saw him alive on May 28, 1936 Death is said to have occurred on the date stated above, at 3:15 a.m.

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

	Date of onset
Patent foramen ovale	5/18/36
157 c	

Other contributory causes of importance:

Circumscision	5/27/36

Name of operation Circumscision Date of 5/27/36

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) T. F. Turner, M. D.

(Address) Macon, Mo.