

## PLACE OF DEATH

County CallawayTownship Bourbon

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 107File No. 5501Primary Registration District No. 5753

Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Luther Layenby

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)DATE OF BIRTH Nov 16, 1905  
(Month) (Day) (Year)AGE 5 yrs. 2 mos. 27 ds. IF LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.?OCCUPATION  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) NoneBIRTHPLACE Fulton  
(City or town, State or foreign country) Callaway Co MoPARENTS  
NAME OF FATHER E. A. Layenby  
BIRTHPLACE OF FATHER Virginia  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Lucy Marshall  
BIRTHPLACE OF MOTHER Callaway Co Mo  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. A. Layenby(ADDRESS) Fulton, Mo.Filed Feb 16, 1911, A. E. Strouven  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

I hereby certify that upon reliable information, the above named man drowned in a fall on the above date, and that no physician was called.

Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory accidental, Drowned  
(SECONDARY) Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.(Signed) E. A. Layenby M. D.Feb 14, 1911, (Address) Fulton Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Paizeth Apple Church Feb 14, 1911

UNDERTAKER

ADDRESS

Geo W Morrison FultonN. B.—Every item of information shown or carelessly reported  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH.

