MAR 29 1927

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

Do not use this space.

6991

1. PLACE OF DEATH
County Vernon
Township ~~Center~~
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 44

2. FULL NAME Viola Bell Layton
(a) Residence. No. 1329 W Lee St., 1st 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1927
7. AGE Years 0 Months 0 Days 10 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Nevada Mo
(STATE OR COUNTRY) Vernon

PARENTS
10. NAME OF FATHER Frank Layton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Costello
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Elizabeth Chase
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Vernon County

14. INFORMANT D-H
(Address)
15. FILED 3/8 1927 E. B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1927
17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1927 to Feb. 2, 1927 that I last saw her alive on Feb. 1, 1927, and that death occurred, on the date stated above, at 7:30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
(Seven months)
159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 16 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF .....
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. B. King, M. D
Feb. 3, 1927 (Address) Nevada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moore Cemetery
DATE OF BURIAL Feb 3 1927
20. UNDERTAKER Terry Funeral Home
ADDRESS Nevada

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.