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.

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

Do not use this space.

File No. 22845
Registered No. 6511

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 6758 Hoffman Ave St. ..... Ward)

2. FULL NAME Jauniata Lay

(a) Residence. No. ..... St., 4 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1927.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
--------	------	7.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Clarence W. Lay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER May Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newburg
(STATE OR COUNTRY) Mo.

14. INFORMANT Clarence W. Lay
(Address) 6758 Hoffman ave.

15. FILED July 17 1927 19 Mary E. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-9 1927, to 7-16 1927, that I last saw her alive on 7-16 1927, and that death occurred, on the date stated above, at 11.20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
Ibid 1610a
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 6 1/2 mth.
..... (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) Jan A Glanack, M. D
19 (Address) 2606 Grand Av

*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: Rolla Mo.
DATE OF BURIAL: July 17 19 27

20. UNDERTAKER A. W. McLaughlin
ADDRESS 1631 Miami