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

Do not use this space.

9206

File No. .....

Registered No. 1 1 5 4 1

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: K.C. Mo. (No. ..... Gen Hospital ..... St. ..... Ward)

2. FULL NAME: Ella Layland

(a) Residence. No. 3502 Perry St., ... 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. 1 da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 7 1865

7. AGE: Years 62 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Va

PARENTS

10. NAME OF FATHER: L. D. Sperry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va

12. MAIDEN NAME OF MOTHER: Mary Stelman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va

14. INFORMANT: Mrs R A Parsons
(Address): 3414 St John

15. FILED 3/27, 1928 M. Ida Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-26, 1928, to 3-26, 1928, that I last saw ..... alive on 3-26, 1928, and that death occurred, on the date stated above, at 7.20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings
(Signed) P. E. Williams, M. D.
3-27, 1928 (Address) Supt K.C. Gen Hosp.

*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: Mound Grove Ind. — DATE OF BURIAL: 3/28/1928

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.

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.