

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

Do not use this space
13 #
 10691-79
 File No. _____
 Registered No. 2472
 St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis Mo. (No. 2308, No. 11 - St)

2. FULL NAME

Rita T. Layton
 (a) Residence No. 2308 No. 11 St. St. 26 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 1 - 1920</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>8</u>
	DAYS <u>3</u>	IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4th 1928
 17. I HEREBY CERTIFY, That I attended deceased from 2/4/28, 19____, 3/4/28, 19____, and that I last saw her alive on 3/2/28, 19____, and that death occurred, on the date stated above, at 5:12 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis
92A
93A
 (duration) 4 yrs. — mos. — da.
 CONTRIBUTORY (SECONDARY) Chr. Endocardit
 (duration) 3 yrs. — mos. — da.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
 (Signed) Geo. J. Schuman M. D.
 (Address) 3532 Washington
 *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.

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

PARENTS	10. NAME OF FATHER <u>Hilary G. Layton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mary S. Miles</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)

14. INFORMANT Mary Miles Layton
 (Address) 2308² St. 11th St

15. FILED R-6 1928
Mar 6 Starkloff
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary. DATE OF BURIAL Mar 7 1928

20. UNDERTAKER Hy Leidner and Co. St. Market St. ADDRESS 10198

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.

