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

Do not use this space.

13336

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1666
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2308 Brighton St. Ward)

2. FULL NAME Clara A. Layne
(a) Residence. No. 2308 Brighton St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	10	25	

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) (STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER A. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT Guy Layne (Address) 2308 Brighton

15. FILED 4/13, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr-1-, 1928, to Apr-12-, 1928 that I last saw her alive on Apr-12, 1928, and that death occurred, on the date stated above, at 12:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia.
101 A
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Asthma.
(duration) yrs. 1 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) J B Bird, M. D
Apr-13, 1928 (Address) 829 Rialto Bldg

*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 Forest Hill — DATE OF BURIAL Apr. 14 1928

20. UNDERTAKER H. H. Newcomer's Sons K.C. Mo — ADDRESS

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.

[illegible] IS A PERMANENT RECORD

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