

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

Do not use this space.

23716
File No. _____
Registered No. 2885

1. PLACE OF DEATH

County..... Jackson
Township..... Kaw
City..... Kansas City (No. 4709 Summit)

Registration District No. _____
Primary Registration District No. _____

St. _____ Ward _____

2. FULL NAME Anna M. Layne

(a) Residence, No. 4709 Summit St. 7 Ward. _____

(Usual place of abode) 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1946

7. AGE YEARS MONTHS DAYS II LESS than 1 day, _____ hrs. or _____ min. 82 0 17

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) Ohio

10. NAME OF FATHER

Thomas S. Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Miss Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Anderson

14.

INFORMANT Joseph H. Clayton
(Address) 4709 Summit

15.

FILED 7/2, 1928 M. M. Brown REGISTRAR
Ador

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 18 1928, to June 23 1928, that I last saw him alive on June 23 1928, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senesce hemorrhage 82 A
74 A 97
10 28

CONTRIBUTORY (SECONDARY) Arterio Sclerosis & Hypertension
from Hearting 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Arthur A. Noble, M. D.

July 2, 1928 (Address) 3321 E. 30th St.

*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 DATE OF BURIAL

Mt. Hope Cemetery 7/3/28 19

20. UNDERTAKER ADDRESS

Wheeler & Sons City

K. E.—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.

