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.

35

FEB 18 1931

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

Do not use this space.

786

1. PLACE OF DEATH
County Dunklin — Registration District No. 288 — File No.
Township Independence — Primary Registration District No. 4-172 5406 — Registered No.
City (No. St. Ward)

2. FULL NAME Frank P. Lay
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1854

7. AGE: Years 76 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(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) West Va 2

PARENTS
10. NAME OF FATHER William Lay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Doran
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Mrs Thos Dennett
(Address) White Oak Mo

15. FILED 1/12 1931 Wheeler Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 11 1931

17. Unattended
I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw b alive on , 19 , and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paralysis Agitans

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 870

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no Cor. View
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J J Rigdon Cor, M. D
1-12-1931 (Address) Kennett Mo

*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: Oak Ridge Cem — DATE OF BURIAL: 1-12-1931

20. UNDERTAKER: Baldwin Und. — ADDRESS: Kennett Mo