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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 2389

Township ..... Primary Registration District No. ..... Registered No. 26

City St Louis Mo St L (No. ..... Ch. Hosp. 500 So Kingshighway St. ..... Ward)

2. FULL NAME Norma Layton

(a) Residence. No. ..... St., 12 Ward. Perryville Mo R.R.#4
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	4	18	

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

9. BIRTHPLACE (CITY OR TOWN) Perryville, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Leo Layton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perryville Mo

12. MAIDEN NAME OF MOTHER Esther Cissell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perryville Mo

14. INFORMANT I. M. Ferrick
(Address) 500 So Kingshighway

15. FILED JAN 2 1932 Max [illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1-1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1931 to Jan. 1, 1932 that I last saw her alive on Jan. 1, 1932 and that death occurred, on the date stated above, at 10 a.m. 50

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenzal Meningitis

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Otitis media

..... (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF 0

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture

(Signed) Lawrence Goldman, M. D.

1/1, 1932 (Address) St. L. Children's 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	DATE OF BURIAL
Perryville Mo	Jan 3 1932

20. UNDERTAKER	ADDRESS
Drehmiesell Harrel	1905 Union