

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

Do not use this space.

22886

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. House of Good Shepherd)

File No. _____
Registered No. 2748 St. _____ Ward _____

2. FULL NAME Sister Mary Layola (Spalding)

(a) Residence, No. House of Good Shepherds 674 Wood St. Ward 15
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Data		
7. AGE 64	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Nun 93
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2197
	10. Date deceased last worked at this occupation (month and year) 120
	11. Total time (years) spent in this occupation 120

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. **2**

13. NAME **Spalding**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Data** **31**

15. MAIDEN NAME **No Data**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Data**

17. INFORMANT Sister Raphaela
(ADDRESS) House of Good Shepherds

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's Cem. DATE July 18th. 1932

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED July 17 1932 M. M. Caspary
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to July 16, 1932

I last saw her alive on July 16, 1932 Death is said to have occurred on the date stated above, at 1.45A. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis with chronic Myocarditis Date of onset unknown

Other contributory causes of importance:

Acute Colitis 7-14-32

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) R. W. Anderson M. D.

(Address) 1232 Professional Bldg
K.C., Mo.

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.

Dr. R. W. Anderson
Prof. Biology
No. 4222