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.

File No. 30915
Registered No. 8630

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Enroute to City Hospital # 1 St. ..... Ward)

2. FULL NAME William B. Lay

(a) Residence, No. 3330a Iowa St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17- 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of the police Second District
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1 8 2

12. BIRTHPLACE (CITY OR TOWN) Bunker (STATE OR COUNTRY) Missouri

FATHER

13. NAME John B. Lay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Belle McLarney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ralph B. Lay (ADDRESS) 3330a Iowa Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Sept 27 1932

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1631 Missouri Ave

20. FILED SEP 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. ~~Nophysician in attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

Shock & Injuries (Hemorrhage and laceration of Brain due to Fractured Skull), received when struck by an automobile (Chev. Coach), which failed to stop, driven by one Edwin Horn, at Jefferson & Pestalozzi, Sept. 24th, about 8:30 P. M.
HOMICIDE.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....

(Signed) [illegible], M. D.
(Address) [illegible]