2

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

Do not use this space.

1. PLACE OF DEATH
95 County St. Louis
2 Township Bremen
3 City St. Louis (No. ..... St. ..... Ward)

Registration District No. 781
Primary Registration District No. 44467

File No. 33377
Registered No. .....

2. FULL NAME Mrs. Blanche Layton

(a) Residence. No. ..... St., ... Ward. .....
(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.

Oct 13 1932

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 OF (OR) WIFE OF Pearl Layton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26. 1891

7. AGE: Years 41 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 2358
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison County! (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Charles P. McDowell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Maddock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo.

14. INFORMANT Charles McDowell
(Address) Georgiville Mo.

15. FILED 10/13 1932 Gotlieb Thomann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1932 to Oct. 12, 1932 that I last saw her alive on Oct. 12, 1932 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
1-3 A
1-3 A
(duration Unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Grip (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Wilkins, M. D.
, 19 (Address) St. Marys, 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: Brown Cemetery St. Marys Mo. — DATE OF BURIAL: Oct. 14 1932

20. UNDERTAKER: Bay Und. Co. — ADDRESS: Georgiville Mo.

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.