

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

Do not use this space.

10940

1. PLACE OF DEATH

County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City St. Louis (No. 2908, Edgar Ave.) St. 11 Ward 11

2. FULL NAME James S. Layne

(a) Residence, No. 2908 Edgar Ave. St. 11 Ward 11
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie L. Layne</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1871</u> | | |
| 7. AGE | YEARS <u>61</u> | MONTHS <u>9</u> |
| | DAYS <u>2</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Road Foreman</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wabster City Kentucky</u> | | |
| FATHER | 13. NAME <u>Samuel Layne</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary E. Adams</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Lillie L. Layne 2908 Edgar Ave.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE | DATE | |
| 19. UNDERTAKER (ADDRESS) <u>Geo. L. Pleitach Inc 5966 Easton Ave</u> | | |
| 20. FILED <u>2-14-</u> , 19 <u>33</u> <u>Golla Bracy M. D.</u> Registrar | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to March 13, 1933
 I last saw him alive on March 13, 1933. Death is said to have occurred on the date stated above, at 7:25 P. m.
 The principal cause of death and related causes of importance were as follows:
A poppley of Cerebral Hemorrhage
12 years tension
 Date of onset 1 yr.

Other contributory causes of importance:
12 years tension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical. 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?
 If so, specify _____
 (Signed) R. H. Fleckman M. D.
 (Address) 1506 Hochstadt Ave St Louis 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.

APR 28 1933

1506 Nuclear Co.

7900

10 to 11 a.m.

RECEIVED
BUREAU OF THE
SECRETARY OF THE