

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

Do not use this space.

APR 25 1935

10453

**1. PLACE OF DEATH**

County St. Louis Co. Registration District No. 790 File No. \_\_\_\_\_  
 Townshp. Central Primary Registration District No. 60339 Registered No. 93  
 City Clayton (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Anna Laycock

(a) Residence, No. 8825 Powell Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Centwood, Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Laycock  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1880  
 7. AGE YEARS 55 MONTHS 1 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 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) Ohio  
 13. NAME L. W. Hullebarger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Margaret Bodell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Clarence Laycock  
 (ADDRESS) 8825 Powell Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Ave DATE 3-15-35  
 19. UNDERTAKER Trigshauser Mortuaries  
 (ADDRESS) 4228 W. Washington Ave  
 20. FILED 3/13 1935 John J. Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1935  
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-1935 to 3-13-1935  
 I last saw her alive on 3-12-1935 Death is said to have occurred on the date stated above, at 1:25 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction (Congestive)  
 Other contributory causes of importance:  
Chronic myocarditis  
Arteriosclerosis  
Arteriosclerosis - hypertension  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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) P. J. Russ, M. D.  
 (Address) St. Louis Co. Hoaps Clayton, 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.

