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

JUL 24 1935

Do not use this space.

20289

1. PLACE OF DEATH
County Dunn
Township ~~Benton~~
City Browning (No. ..... St. ..... Ward)

Registration District No. 497
Primary Registration District No. 4300

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

58
2

2. FULL NAME Vera V. Lay

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

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: S. C. Lay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 10-1881

7. AGE: 235 — YEARS: 53 — MONTHS: 7 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Lee Co Iowa

FATHER
13. NAME: Wm F Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Adeline Tibbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee Co Iowa

17. INFORMANT (ADDRESS): C H Lay, Browning Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jenkins Cem DATE: June 13 1935

19. UNDERTAKER (ADDRESS): Thorpe Undt Co, Linneus Mo

20. FILED: June 13 1935 Flora M McCormick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to June 11, 1935
I last saw her alive on June 11, 1935. Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to mesenteric embolus	6-7-35

Other contributory causes of importance:

Auricular Fibrulation	2/21/35
Chronic Nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Gilbert H. Thorpe D.O.
(Address) Purdin, Mo.