

WRITE CLEARLY, 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.

AUG 9 1935

24569

1. PLACE OF DEATH

County
Township
City *St. Louis* (No. *4949*)

Registration District No. **791**
Primary Registration District No. **1003**
City Hosp #1

File No. **5955**
Registered No.
St. Ward)

2. FULL NAME

James Layton

(a) Residence, No. *1005 2 St* (Usual place of abode) (St. *22* Ward.)

Length of residence in city or town where death occurred *3* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 9 - 1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
27 7 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil*
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) *Missouri*

MOTHER FATHER
13. NAME *Less Layton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Kate Parkman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Step Jay M. Keefe City Hosp #1*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Poplar Blvd. July 15, 35*

19. UNDERTAKER (ADDRESS) *Albert W. Hopple 429 N. Emerald*

20. FILED *JUL 12 1935* *J. F. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *6/30, 1935* to *7/11, 1935*. I last saw him alive on *7/11, 1935*. Death is said to have occurred on the date stated above, at *5 pm*. The principal cause of death and related causes of importance were as follows:

Perforated Appendix
Cholelithiasis
12!
Other contributory causes of importance: *Surgical peritonitis*

Name of operation *Appendectomy* Date of *6-30-35*
What test confirmed diagnosis? *Autopsy* 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 *St. Louis* (Signed) *St. Louis*, M. D. (Address) *City Hosp #1*

