

SEP 25 1935

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

Do not use this space.

27528

1. PLACE OF DEATH

 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City Page Ave. (No. 7208 1/2) Page Ave. St. _____ Ward)

File No. _____

Registered No. 220

2. FULL NAME

 (a) Residence, No. 7208 1/2 Page Ave. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Seysus Layland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1854</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>
	DAYS <u>17</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</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>Louisville Kentucky</u>		
MOTHER FATHER	13. NAME <u>Thomas Kenhead</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Mary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mrs. George A. Legg</u> <u>7208 1/2 Page Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walhalla Cemetery</u> DATE <u>Sept. 2, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. F. Pleitach Inc.</u> <u>5966 Eastern Ave.</u>		
20. FILED <u>9-2-</u> 19 <u>35</u> <u>Will Backner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935, to Aug 29, 1935.I last saw him alive on Aug 29, 1935. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance

Myocarditis

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) Otto C. Hauser, M. D.(Address) 3157 1/2 Park Ave.

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.

