857

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.

100M-3-28-35

JAN 13 1936

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

Do not use this space.

41788

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 41788

Township ..... Primary Registration District No. 1008 Registered No. 11036

City St. Louis (No. De Paul Hosp. St. ..... Ward)

2. FULL NAME Douglas Young Layton

(a) Residence, No. 325 Elizabeth St., N R Ward. Ferguson Mo.
(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: Male
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: Zaida Layton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 - 1866

7. AGE: 69 YEARS, 2 MONTHS, DAYS —, If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy John T. Hesser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co.

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) Versailles Ky.

FATHER

13. NAME Thomas K. Layton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.

MOTHER

15. MAIDEN NAME Susan Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Ky.

17. INFORMANT (ADDRESS) Ben M. Layton Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefountain DATE Dec. 28-35 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED ..... 19 J. F. Bredeck Registrar.

DEC 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:17 a.m.

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

Fractured skull, subdural haem of brain, reid when hit by auto, near intersection of in Ferguson Mo.

Date of onset: 200

Other contributory causes of importance: 194 b

210 m

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 12/13, 1935

Where did injury occur? St. Louis County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury hit by auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

12/28/35