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

FEB 8 1937

*Registration District No. 791
Primary Registration District No. 1003

Do not use this space.

File No. 3156
Registered No. 178

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 4350 A., Nat. Bridge St. Ward)

2. FULL NAME Dora Milster Layton
(a) Residence, No. 4350 A. Nat. Bridge St., 10 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31st, 1870

7. AGE: YEARS 66 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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

FATHER
13. NAME Daniel Milster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Isabella Brenner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Numainville
(ADDRESS) 4350 A. Nat. Bridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brazeau, Mo. DATE 1/7/37, 19

19. UNDERTAKER Franck Unk. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED JAN 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936, to Jan 4, 1937
I last saw h. alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's disease	

Other contributory causes of importance: General debility

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. O. Lo Wood, M. D.
(Address) 3551 Finney Ave

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7294

Dr. C. O. May 1 P. M. N. E.
3555 Longfellow