

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.

AUG 27 1937

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

MCNEILL

Do not use this space.

28064

204

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3232

City Sedalia

(No. 307 West 5th.)

File No. 204

Registered No. 668

St.

Ward

2. FULL NAME

Alexander Layne

(a) Residence, No. 307 West 5th. 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

Male

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

Fannie Layne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1854

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

83

0

8

OCCUPATION

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

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

John W. Layne

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

Kentucky

15. MAIDEN NAME

Catherine Robinson

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

Missouri

17. INFORMANT (ADDRESS)

Less Layne Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill

DATE July 2, 1937

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home Sedalia, Mo.

20. FILED

July 2 1937

Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30/37 1937

22. I, HEREBY CERTIFY, That I attended deceased from June 30, 1937 to June 30, 1937

I last saw him alive on June 30, 1937. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

Chronic myocarditis
Basilar cerebral hemorrhage

Date of onset not known

Other contributory causes of importance:

arteriosclerosis

no
was
seen

Name of operation none Date of none

What test confirmed diagnosis? culture Was there an autopsy? no

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, at home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. M. M.D. M. D.

(Address) Sedalia, Mo.

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