

NOV 22 1937

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

38432  
Do not use this space.

1. PLACE OF DEATH

(a) County Jerry Registration District No. 660  
(b) Township Perry Precinct Primary Registration District No. 5875-a Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John V. Layton  
Perryville, Route 4 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lavinia Layton  
(or) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 9 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937  
22. I HEREBY CERTIFY That I attended deceased from Nov. 8, 1937 to Nov. 13, 1937  
I last saw him alive on Nov. 8, 1937, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset about 3 yrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

FATHER 13. NAME Simon Layton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

MOTHER 15. MAIDEN NAME Julia Brewer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

17. INFORMANT (ADDRESS) Dennis Layton  
Brewer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem Perryville Mo DATE Nov. 15, 1937

19. FUNERAL DIRECTOR (ADDRESS) Bey Funeral Home  
Perryville Mo

20. FILED Nov 13, 1937 Joe Zollner  
Local Registrar.

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) J. L. L. Kelly M. D.  
(Address) Perryville, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Albert H. Berg, Licensed Embalmer No. 3866  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert H. Berg  
..... L. E. ....  
No. 3866 or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed Albert H. Berg  
Licensed Embalmer No. 3866.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)