REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Vernon
Township
City Nevada
Registration District No. 875
Primary Registration District No. 3039
File No. 19798
Registered No. 137
(No. , St. Ward)

2. FULL NAME William Preston Layton 350
(a) Residence, No. ~~317 S. Main~~ Nevada Hospital
(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: Fannie Layton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25th, 1851

7. AGE: YEARS 86 | MONTHS II | DAYS 09 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Ind.

FATHER
13. NAME: W. P. Layton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Fannie Layton, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Burial Pk DATE 6/7th 1938

19. UNDERTAKER (ADDRESS): Eichinger Funeral Home, Nevada, Mo.

20. FILED 6-6, 1938 Allen V Hays, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1938, to 6-4, 1938
I last saw him alive on 6-4, 1938. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelonephritis	May 1 [illegible]
Chr. Interstitial nephritis	5 yrs
Other contributory causes of importance:	
Chr. Myocarditis	2 yr
Hypertrophied prostate	6 mo

Name of operation none Date of
What test confirmed diagnosis? Lab Work 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, 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? no
If so, specify
(Signed) [signature], M. D.
795 (Address) Nevada Mo

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.