REC'D JAN 14 1939

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

42508
Do not use this space.

1. PLACE OF DEATH
(a) County Butler
(b) Township
(c) City Poplar Bluff
(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.

Registration District No. 89
Primary Registration District No. 5131
Registered No. 239

2. PRINT FULL NAME Margaret Ann Layman
(a) Residence, No. 8 Mi S W Poplar Bluff Mo St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1932
7. AGE: YEARS 6 | MONTHS 1 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

FATHER
13. NAME Robt E. Layman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield Ky

MOTHER
15. MAIDEN NAME Christine Gabriel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia Kan

17. INFORMANT (ADDRESS) Robt E Layman RFD #2 Poplar Bluff Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cem DATE Dec 4 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. T. Phelps Poplar Bluff Mo
20. FILED 12/4 1938 Ol Lutsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1938, to 12-2-1938
I last saw her alive on 12-2-1938. Death is said to have occurred on the date stated above, at 2 45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria Laryngeal	11-20-38
	1 D

Other contributory causes of importance:
Toxic Myocarditis unknown
Laryngeal obstruction 1/4 hr

Name of operation None Date of
What test confirmed diagnosis? exam 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P J Macauley, M. D.
89 (Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-40-38 I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.