REC'D FEB 10 1939

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

791
1003

10
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 10

or

(c) City ..... (d) Street No. DE PAUL HOSPITAL 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.

350

2. PRINT FULL NAME CAROLINE LAYTON

(a) Residence, No. 5564 LABADIE AVE St. 6 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMIL LAYTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 10, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	2	19	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE

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) PERRYVILLE MO

FATHER

13. NAME HAYES BAILEY

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

MOTHER

15. MAIDEN NAME JOSEPHINE TUCKER

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

17. INFORMANT (ADDRESS) EMIL LAYTON 5564 LABADIE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE PERRYVILLE, MO DATE JAN. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodhart & Goodhart 2228 St. Louis Ave

20. FILED JAN 1 1939 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1938, to Dec 29, 1938

I last saw her alive on 12-29, 1938. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Primary Carcinoma Gall Bladder	1938
Metastasis Liver	
Other contributory causes of importance: Cholelithiasis	1937

Name of operation Abdominal Exp. Date of 12-29-38

What test confirmed diagnosis? Lab 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? .....

If so, specify .....

(Signed) C. R. Buckley, M. D.

(Address) Union Club Dr.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Charles J. Goodhart, Registered Apprentice No. ....., working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis Mo

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

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