

RECEIVED FEB 6 1939

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

2237
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township St. John's Primary Registration District No. 5414 Registered No. 12
 (c) City St. John's (d) Street No. St. John's Dwp. Franklin Co. Mo St. Mo
 (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 0 yrs. 1 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Ann Ley

(a) Residence, No. Franklin County, Missouri 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3rd, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 25

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

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

FATHER 13. NAME Joseph Henry Ley
 14. BIRTHPLACE (CITY OR TOWN) Franklin County
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Josephine Schmiche
 16. BIRTHPLACE (CITY OR TOWN) Franklin County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph Henry Ley
 (ADDRESS) Franklin Co., Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gildehaus, Mo. DATE Jan. 30, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.
 (ADDRESS) Washington, Mo.

20. FILED Jan 30 - 1939 A.H. May
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1939, to 1/28, 1939
 I last saw him alive on Jan 27, 1939. 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:

Bilateral Otitis media. Date of onset

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury none, 1939
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify none
 (Signed) A.H. May, M. D.

(Address) Washington, 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.

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, _____

Walter H. Otto

or by _____

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

Signed _____

Walter H. Otto

Licensed Embalmer No. *2646*

P. O. Address *Washington, Mo*

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.