REC'D JAN 25 1939

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

Do not use this space.

File No. 4269

Registered No. 44

1. PLACE OF DEATH
County Webster
Township West Dallas
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 901
Primary Registration District No. 6210

2. FULL NAME Dora Iza Layne

(a) Residence, No. ..... St., ... Ward. .....
(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	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 C. L. Layne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67 -	8	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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) Stoddard Co Missouri

FATHER

13. NAME Robert Linbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Dillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Guy Layne (ADDRESS) Rogersville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Panther Valley DATE Jan 6 1939

19. UNDERTAKER (ADDRESS)

20. FILED Jan 6 1939 D C Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Jan 4 1939

I last saw her alive on Jan 3 1939 Death is said to have occurred on the date stated above, at 10:30 pm.

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

	Date of onset
Broncho Pneumonia	12/29/38
Other contributory causes of importance:	
Influenza	12/18/38

Name of operation None Date of X

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? X Date of injury X, 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X, home

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify X

(Signed) C W Wade, M. D.

(Address) Rogersville Mo

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo