

REC'D MAY 18 1939

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

Do not use this space.

15760

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
Township _____ Primary Registration District No. 9092
City Sedalia (No. Bothwell Hospital) St. _____ Ward _____
5011 Eula Layne

File No. _____
Registered No. 128
St. _____ Ward _____

2. FULL NAME _____
(a) Residence, No. 307 W. 5th 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) November 4, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 5 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 6 1939 to April 11 1939
I last saw her alive on April 11 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

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

Bacteriophage in cerebro-spinal canal
Date of onset 131

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Alexander Layne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Frances McClain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance: Interstitial chronic hepatitis with hyperkeratosis and cirrhosis
Name of operation _____ Date of _____
What test confirmed diagnosis? laboratory Was there an autopsy? _____

17. INFORMANT Myrtle Layne
(ADDRESS) Sedalia, Missouri
18. BURIAL CREMATION, OR REMOVAL PLACE Crown Hill DATE April 13, 1939

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 _____

19. UNDERTAKER Gillespie Funeral Home,
(ADDRESS) Sedalia, Missouri.
20. FILED April 15, 1939 Mrs Harry Sneed Registrar 7/6/60

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wood Bohling M. D.
(Address) Sedalia, Mo

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5/5/35