

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

Do not use this space.

37361

1. PLACE OF DEATH

101 County Shannon Registration District No. 823
Township Lincoln Primary Registration District No. 692
City (No.) St. Ward

2. FULL NAME

350 Adaline Edwards Layton

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. F. Layton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1856

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>83</u> | <u>5</u> | <u>25</u> | |

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. None

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) Carter Co Mo

FATHER 13. NAME Thomas A. Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

MOTHER 15. MAIDEN NAME Mary Ann League

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

17. INFORMANT (ADDRESS) Dr. B. Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery DATE Nov 7 - 1939

19. UNDERTAKER (ADDRESS) None

20. FILED 11-6-39 Frank Hyde MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-1-39 to 11-6-39

I last saw him alive on Nov 1 - 1939. Death is said

to have occurred on the date stated above, at 4 A m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: None

Name of operation Date of

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? 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) Frank Hyde MD M. D.
(Address) Union 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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-428

Date Filed 11-4-39