FILED APR 24 1942

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

10666
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess Registration District No. 250
(b) Township Monroe Primary Registration District No. 5349 Registered No. 6
(c) City (d) Street No. / 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 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Lay
(a) Residence, No. Daviess County, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) May 11, 1878.
7. AGE: Years 63; Months 9; Days 8; If LESS than 1 day, ... hrs. or ... min.

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. Farming
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) Daviess Co. Monroe Twp. Missouri.

FATHER
13. NAME John L. Lay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennisee

MOTHER
15. MAIDEN NAME Nancy Dunnington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Alexander Graham, Gallatin, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Davies Co. Mo. DATE Feby. 21, 1942 Lickfork Cemetry
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bram Funeral Home, Hamilton Mo
20. FILED 3-13, 1942 L. O. Dickerson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 19, 1942
22. I HEREBY CERTIFY, That I attended deceased from May 6, 1941, to Feb 19, 1942
I last saw her alive on Feb 18, 1942. Death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	1941

Other contributory causes of importance: 730

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify
(Signed) Herbert R. Brock, M. D.
(Address) Hamilton

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

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 .....,

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

Signed Morris A. Bram

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.