

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

Do not use this space.

37644

1. PLACE OF DEATH

County Monteau
Township Frank
City Harrison (No.)

Registration District No. 576
Primary Registration District No. 5773

File No.
Registered No. 4
St. Ward)

2. FULL NAME

Layton James Senior

(a) Residence. No. St. Ward.
(Usual place of abode)

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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1928 11 9 1.59

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Genoa Mo
(STATE OR COUNTRY) In Monteau Co.

10. NAME OF FATHER Wm Bryan Senior

11. BIRTHPLACE OF FATHER (CITY OR TOWN) California Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elzabeth Bucher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fortuna Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Elzabeth Senior
(Address)

15. FILE Nov 12 1928 Mr. J. B. Pink
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 5:45
a.m. Nov 9, 1928, to 7:05 a.m. Nov 9, 1928
that I last saw h. Alive on Nov 9, 1928, and that death occurred, on the date stated above, at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
159
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 161 W
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 8

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. L. Lesher, M. D.
, 19 (Address) Russellville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Sappington Cemetery Nov 10 1928

20. UNDERTAKER ADDRESS

The Family Mar High Point Mo

