

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Ohio
 Vet. Post. North Rockport, 7208-903 Registration district No. 713 File No. 2244
 Inc. Town Rockport Ky Primary registration district No. 713 Registered No. 1
 City (No. Center St. Ward) Center St.
 2 FULL NAME Mrs Anna Layton

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE you married
(If single, widowed, divorced, or twice the word)

6 DATE OF DEATH Dec 22, 1911
(Month) (Day) (Year)

7 DATE OF BIRTH Sept 19, 1881
(Month) (Day) (Year)

8 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1911, to Jan 4, 1912, that I last saw her alive on Dec 4, 1911, and that death occurred, on the date stated above, at 11 P.M.

9 AGE 29 yrs. 3 mos. 15 ds. or 1 day... hrs. or ? min.?

The CAUSE OF DEATH* was as follows:
Prescribed Strychnine
 (Duration) 4 yrs. 4 mos. 4 ds.

10 OCCUPATION
 (a) Trade, profession, or particular kind of work. House wife
 (b) General nature of industry, business, or establishment in which employed (or employer)

11 BIRTHPLACE (State or country) Ohio County Ky.

Contributory (Secondary) (Duration) 6 yrs. 6 mos. 6 ds.

12 NAME OF FATHER Walter Russell

(Signed) W. S. ... M. D. Dec 2, 1911 (Address) Rockport Ky.

13 BIRTHPLACE OF FATHER (State or country) Sanjaphie Scotland

14 MAIDEN NAME OF MOTHER Jane McDougal

15 BIRTHPLACE OF MOTHER (State or country) Airshire Scotland

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

(16) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 0 yrs. 0 mos. 0 ds. In the State 29 yrs. 3 mos. 15 ds.

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death? Former or usual residence

(Informant) Walter Russell
 (Address) Rockport Ky.

17 PLACE OF BURIAL OR REMOVAL Rockport Ky DATE OF BURIAL Jan 6, 1912

18 Filed Jan 5, 1912 John T. Gaerans REGISTRAR

19 UNDERTAKER J. G. Williams ADDRESS Rockport Ky.

cc 1027/826

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH SHARPER PENCIL—THIS IS A FEMALE AT 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. See instructions on back of certificate.