

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

PLACE OF DEATH

County Boone
Township Pinehe
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 75 File No. 37010
Primary Registration District No. 5714 Registered No. _____

FULL NAME Thomas D. 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

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Oct 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH June 3, 1834
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 17, 1911, to Oct 18, 1911, that I last saw him alive on Oct 18, 1911, and that death occurred, on the date stated above, at 12 P. m.

AGE 77 yrs. 4 mos. 15 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows: scholar morbus

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Employer

BIRTHPLACE (City or town, State or foreign country) Boil Co Ky

80
Contributory Locomotor ataxia
(SECONDARY) (Duration) 25 yrs. 1 mos. 1 ds.

PARENTS
NAME OF FATHER Noah Layton
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Jemima Layton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

(Signed) J. P. Wood M. D.
Nov 9, 1911 (Address) Harrisburg Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Layton
(ADDRESS) Harrisburg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

Filed Nov 9, 1911 J. P. Wood REGISTRAR

PLACE OF BURIAL OR REMOVAL Harrisburg Mo DATE OF BURIAL Oct 19, 1911
UNDERTAKER R. L. Brasley ADDRESS Harrisburg

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.

