

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

Do not use this space.

9435

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. 2  
 Township Jasper Primary Registration District No. Johns Hospital Registered No. 129  
 City Jasper (No.         ) St.          (Ward)         

**2. FULL NAME**

James La Year  
 (a) Residence No.          St.          Ward:           
 (Usual place of abode) (If nonresident give city or town and State)  
 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 2, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,          hrs. or          min.  
35 | 11 | 9

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Jasper Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER J. M. La Year

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

12. MAIDEN NAME OF MOTHER Mrs. Nutt

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

14. INFORMANT (Address) Mrs. Guarita La Year, Jasper Mo

15. FILED 3/13 19 28 Dr. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11-28

17. I HEREBY CERTIFY, That I attended deceased from          19 28  
 that I last saw him in bed alive on Feb 17 19 28, and that death occurred, on the date stated above, at 2 AM m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Homicide - gunshot wound  
173 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 19 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED           
 IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH?          DATE OF           
 WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS           
 (Signed) R. M. Stormont, M. D.  
3/11/28 (Address) Wobbe, Corone

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 Grand Memorial DATE OF BURIAL 3-12-28

20. UNDERTAKER Hull's Med Co ADDRESS Jasper 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.

1928

