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.

MAR 24 1934

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

Do not use this space.

6636

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

File No. .....

Registered No. 1482

2. FULL NAME Robert Layman

(a) Residence, No. 2716 Madison St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 1870

7. AGE: ~~About~~ 63 YEARS; MONTHS 9; DAYS 22; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Show business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnival
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pennsylvania

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pennsylvania

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Orr Mullinax M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Feb. 17, 1934

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec

20. FILED FEB 21 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931, to 2 - 9, 1934

I last saw him alive on 2 - 9, 1934. Death is said to have occurred on the date stated above, at 7 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
936	
77	
84 Chronic Myocarditis	Aug 31-31 +
Other contributory causes of importance:	
Arterio-Sclerotic Dementia	8-31-31 +

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

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? .....

If so, specify .....

(Signed) Orr Mullinax, M. D.

(Address) 5400 Arsenal