WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

JUN 23 1934

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

Do not use this space.

File No. 20975

Registered No.

1. PLACE OF DEATH
County Laclede
Township Franklin
City (No. , St. Ward)

Registration District No. 952
Primary Registration District No. 5617

2. FULL NAME Homer W Laymon

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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 Bettie Laymon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1877

7. AGE: YEARS 57 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

FATHER
13. NAME C. W. Laymon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Allie Bohannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Lillian Laymon Lebanon Oakland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Haugh Cemetery DATE 6-8 1934

19. UNDERTAKER (ADDRESS) Hohman & Stewart Lebanon Mo

20. FILED June 8 1934 Mrs. Vida Lambeth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to June 4 1934
I last saw him alive on June 4 1934 Death is said to have occurred on the date stated above, at 5-1120 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 1934

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical exam. Was there an autopsy?

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P. Thompson, M. D.
(Address) Lebanon Mo.