

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.

APR 2 1935

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

Do not use this space.

7700

1. PLACE OF DEATH

County Saline
Township Marshall
City _____ (No. _____)

Registration District No. 796
Primary Registration District No. 6039

File No. _____
Registered No. 28 Ward _____

2. FULL NAME

James W. Laytham
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Evelyn Laytham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19-1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>0</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
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) <u>Mo.</u>		
13. NAME <u>James W. Laytham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Julia Parker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>John Laytham Marshall Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Feb. 25-1935</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Campbell Marshall Mo</u>		
20. FILED <u>Feb 25, 1935</u> <u>Robert Kustan</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935 to Feb 23, 1935
I last saw him alive on Jan 23, 1935 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1931

Other contributory causes of importance:
thrombosis left femoral vein 7/23/35

Name of operation _____ Date of _____
What test confirmed diagnosis? Chromic 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? no
If so, specify _____
(Signed) A. J. ... M. D.
(Address) ...

