

OCT 25 1935

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

Do not use this space.

29061

1. PLACE OF DEATH

County ClintonRegistration District No. 207Township GrandPrimary Registration District No. 5286City (No.)File No. 22Registered No. 25St. Ward 2. FULL NAME Thomas Laylor(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 35 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) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 18657. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 9 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) Ireland13. NAME John Laylor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Margaret McQueen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Michael Laylor (ADDRESS) Plattsburg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE 10-2 193519. UNDERTAKER John J. Quinn (ADDRESS) Plattsburg Mo20. FILED 10/2 1935 P. W. Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 193522. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935, to Sept 30, 1935I last saw him alive on Sept 30, 1935. - Death is said to have occurred on the date stated above, at 8:50 pm.

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

Carcinoma Stomach Date of onset Other contributory causes of importance: 46Name of operation None Date of What (if any) organs were examined? X-ray Was an autopsy? no23. 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 no(Signed) P. W. Chastain, M. D.(Address) Plattsburg 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.

