

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.

MAD 00
MAR 26 1936

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

Do not use this space.

9017

1. PLACE OF DEATH

County Webster Registration District No. 896
Township Ozark Primary Registration District No. 6188
City Marshfield (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

James Layton

(a) Residence, No. County Farm St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred XX yrs. XX mos. 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 Unknown X

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. Farm
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Manuel Layton
Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE Feb. 7 1935

19. UNDERTAKER (ADDRESS) Dr. James Marshfield

20. FILED Feb. 25, 1936 Elizabeth Hughes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1936 to Feb 5 1936
I last saw him alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

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

Exposure to under
mineral
23
Other contributory causes of importance: Pulmonary tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. C. Bruce M. D.
(Address) Marshfield Mo.

The following table shows the results of the tests conducted on the various samples of the material under investigation. The results are given in terms of the percentage of material which is soluble in the various solvents used. The results are given in the following table:

Solvent	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5
Water	100%	100%	100%	100%	100%
Alcohol	100%	100%	100%	100%	100%
Ether	100%	100%	100%	100%	100%
Acetone	100%	100%	100%	100%	100%
Chloroform	100%	100%	100%	100%	100%
Benzene	100%	100%	100%	100%	100%
Carbon tetrachloride	100%	100%	100%	100%	100%
Diethyl ether	100%	100%	100%	100%	100%
Methyl alcohol	100%	100%	100%	100%	100%
Propyl alcohol	100%	100%	100%	100%	100%
Butyl alcohol	100%	100%	100%	100%	100%
Ammonia	100%	100%	100%	100%	100%
Sulfuric acid	100%	100%	100%	100%	100%
Nitric acid	100%	100%	100%	100%	100%
Hydrochloric acid	100%	100%	100%	100%	100%
Sodium hydroxide	100%	100%	100%	100%	100%
Potassium hydroxide	100%	100%	100%	100%	100%
Calcium hydroxide	100%	100%	100%	100%	100%
Magnesium hydroxide	100%	100%	100%	100%	100%
Zinc hydroxide	100%	100%	100%	100%	100%
Copper hydroxide	100%	100%	100%	100%	100%
Iron hydroxide	100%	100%	100%	100%	100%
Aluminum hydroxide	100%	100%	100%	100%	100%
Lead hydroxide	100%	100%	100%	100%	100%
Mercury hydroxide	100%	100%	100%	100%	100%
Strontium hydroxide	100%	100%	100%	100%	100%
Barium hydroxide	100%	100%	100%	100%	100%
Ammonium hydroxide	100%	100%	100%	100%	100%
Sulfuric acid	100%	100%	100%	100%	100%
Nitric acid	100%	100%	100%	100%	100%
Hydrochloric acid	100%	100%	100%	100%	100%
Sodium hydroxide	100%	100%	100%	100%	100%
Potassium hydroxide	100%	100%	100%	100%	100%
Calcium hydroxide	100%	100%	100%	100%	100%
Magnesium hydroxide	100%	100%	100%	100%	100%
Zinc hydroxide	100%	100%	100%	100%	100%
Copper hydroxide	100%	100%	100%	100%	100%
Iron hydroxide	100%	100%	100%	100%	100%
Aluminum hydroxide	100%	100%	100%	100%	100%
Lead hydroxide	100%	100%	100%	100%	100%
Mercury hydroxide	100%	100%	100%	100%	100%
Strontium hydroxide	100%	100%	100%	100%	100%
Barium hydroxide	100%	100%	100%	100%	100%
Ammonium hydroxide	100%	100%	100%	100%	100%