OCT 23 1936

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

Do not use this space.

35042

File No.

Registered No. 55

1. PLACE OF DEATH
County Monroe
Township Jackson
City (No. St. Ward)
Registration District No. 582
Primary Registration District No. 5777

2. FULL NAME James Tindell Lasley
(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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1864

7. AGE — YEARS: 71 | MONTHS: 11 | 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. carpenter
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) M. H.,
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Grove Missouri

FATHER

13. NAME Francis B. Lasley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston W. Va.

MOTHER

15. MAIDEN NAME Mary E. Snell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo.

17. INFORMANT Percy Lasley
(ADDRESS) 2156 Union Rd., Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE 9/10 1936

19. UNDERTAKER Speed & Blakey
(ADDRESS) Paris, Missouri

20. FILED SEP 9 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 9 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept 9, 1936
I last saw h. alive on Sept 5, 1936 Death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Nephritis	9/3/36
Other contributory causes of importance: Enlarged Prostate	M.H.
Gland	

Name of operation Date of
What test confirmed diagnosis? none. 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) Leo M. Repetti, M. D.
(Address) PARIS, MISSOURI

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.

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

1000M-11-32-33