

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

Do not use this space.

Provisional

1. PLACE OF DEATH

County Macon

Registration District No. 533

File No. 7168

Township Macon

Primary Registration District No. 3027

Registered No. 25

City Macon (No.) St. Ward

2. FULL NAME

Domina Laytham

(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 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) Mar 26 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>12</u>	<u>10</u>	<u>29</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
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) Jacksonville (STATE OR COUNTRY) Mo

FATHER
13. NAME Clint Laytham

14. BIRTHPLACE (CITY OR TOWN) Monroe Co (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Carroll Jean

16. BIRTHPLACE (CITY OR TOWN) Randolph Co (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Clint Laytham Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE July 27 1937

19. UNDERTAKER (ADDRESS) Clint Skuesch Macon Mo

20. FILED 3/8 1937 Leo W. Henkel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb 25, 1937

I last saw him alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 2 A.M.

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

Lobar Pneumonia
of lung upper lower
lobes
108
Other contributory causes of importance:
Septic emboli to brain
with R hemiplegia
Date of onset Feb 23 1937

Name of operation Clinical Date of
What test confirmed diagnosis? 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) D. P. Kenoway, M. D.
(Address) Macon 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.

