

JAN 25 1938

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

Do not use this space.

45770

1. PLACE OF DEATH

County Wayne Registration District No. 8901  
Township Jefferson St. Francis Primary Registration District No. 4024  
City Jefferson (No.       ) St.        Ward       

2. FULL NAME

Larry Layton Larry Layton

(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 W. 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) March - 36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
7 6

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

13. NAME Merley Layton

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

15. MAIDEN NAME Blanche Elder

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

17. INFORMANT Asa Dames (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkpatrick Cemetery DATE Oct. 12 1936

19. UNDERTAKER none (ADDRESS)       

20. FILED 10/12 36 U. G. Teece & Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Oct 11 1936

I last saw h. is alive on Oct 1 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:

Enterocolitis

Date of onset 9/6-36

Other contributory causes of importance:       

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) O. A. M... M. D.

(Address) Greenville, Mo.

Registrar.

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.

