

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

Do not use this space.

32071

1. PLACE OF DEATH

12 County HENRY Registration District No. 352
Township Beaumont Primary Registration District No. 5H94
City MONTROSE (No. RFD #5) St. _____ Ward _____

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME JOSEPH LAYMAN

(a) Residence, No. MONTROSE, MO. 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NANNIE BLAYMAN.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 29-1892		
7. AGE YEARS 40	MONTHS 9	DAYS 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER		11. Total time (years) spent in this occupation 20 yrs
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 1 1932**

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1932, to Oct 1 1932
I last saw him alive on Oct 1 1932 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
General peritonitis due to perforated typhoid ulcer Date of onset Sept 29/32
Typhoid fever Sept 17/32

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) **HENRY COUNTY, MO.** (STATE OR COUNTRY)

13. NAME **John Layman**

14. BIRTHPLACE (CITY OR TOWN) **HENRY COUNTY, MO.** (STATE OR COUNTRY)

15. MAIDEN NAME **GEORGIA D. EARHART.**

16. BIRTHPLACE (CITY OR TOWN) **HENRY - COUNTY, MO.** (STATE OR COUNTRY)

17. INFORMANT **WILLIAM SCHOLZE.** (ADDRESS) **216 So. ASH AVE. K.S. MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **BEAUCREEK-CENT.** DATE **Oct 3rd 1932**

19. UNDERTAKER **FRANK LENNARTZ.** (ADDRESS) **MONTROSE, MO.**

20. FILED Oct 2 1932 J. M. Miller Registrar.

Name of operation None Date of _____
What test confirmed diagnosis? Blood counts 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) S. B. Hughes, M. D.
(Address) Clinton, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Denver
Township Bear Creek
City _____ (No. _____)

Registration District No. 352
Primary Registration District No. 5494

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1892

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. min.
39 1 9 2

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Dec 20 1932 J. M. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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