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

Do not use this space. 11953

1. PLACE OF DEATH

County Stone — Registration District No. 467 — File No.

Township Galena — Primary Registration District No. 7580 — Registered No.

City — (No. — St. — Ward)

2. FULL NAME J. Laurence Ayre

(a) Residence. No. R F D Aurora St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Wh	Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 2 - 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	18	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Colville
(State or country) Washington

PARENTS

10. NAME OF FATHER J. H. Ayre

11. BIRTHPLACE OF FATHER (city or town)
(State or country) Tappahannock Va

12. MAIDEN NAME OF MOTHER Marguerite Elgie

13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Glasgo, Scotland

14. Informant J. H. Ayre
(Address) Aurora Mo

15. Filed 3/31 1928 R. W. D. Dunkin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) 19

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:
Drowning Accidental
[illegible]
[illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible], M. D
, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park — DATE OF BURIAL 3/30 1928

20. UNDERTAKER [illegible] Undertaking — ADDRESS Aurora 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.

...THIS IS A PERMANENT RECORD)

Examinateur

3-28

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 Stone Registration District No. 843 File No. 140
Township Galena Primary Registration District No. 45-13 Registered No. 1
City ..... No. ..... St. ..... Ward)

2. FULL NAME J. Lawrence Ayre
(a) Residence. No. R. F. D. Aurora 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1909

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
18	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Orville
(STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER J. A. Ayre
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Upperville Va.
12. MAIDEN NAME OF MOTHER Margaret Algie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glasgo
(STATE OR COUNTRY) Scotland

14. INFORMANT J. A. Ayre
(Address) Aurora mo

15. FILED May 10-28, 19 28 Thos. J. McCord REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drowning accidental
Examination immediately after death
.....(duration).....yrs. .....mos.....ds.
CONTRIBUTORY (SECONDARY) .....
.....(duration).....yrs. .....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. W. Smart, M. D
, 19 (Address) Aurora mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park — DATE OF BURIAL 3/30 19 28
20. UNDERTAKER King Undertaking — ADDRESS Aurora mo

SUPPLEMENTARY

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