

OCT 26 1926

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

Do not use this space.

1. PLACE OF DEATH

County *Franklin*
Township *Jefferson*
City..... (No..... Ward)

Registration District No. *331*
Primary Registration District No. *544*

File No. *35350*
Registered No.

2. FULL NAME

Samuel H. Laird

(a) Residence. No..... St.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 *Lara Doty Laird*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 10, 1844*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *84 10*

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

9. BIRTHPLACE (CITY OR TOWN)..... *Missouri* (STATE OR COUNTRY)

10. NAME OF FATHER *John Laird*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... *Kentucky* (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Ruanna Whiteside*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... *Kentucky* (STATE OR COUNTRY)

14. INFORMANT *John Laird* (Address)

15. FILE *Oct 28 1926* *J. E. Webb* REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct, 10 1928*

17. I HEREBY CERTIFY That I attended deceased from *9 Oct 1928* to *10 Oct 1928* that I last saw h..... alive on *9 Oct 1928*, and that death occurred, on the date stated above, at *12:30 A*.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia

100 A (duration) *10 20 hrs*

CONTRIBUTORY *Chronic Bronchitis* (SECONDARY) (duration) *several*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH *NO*

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF.....

WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS? *Phys requires findings* (Signed) *E. A. Beatty*, M. D. (Address) *Trouton 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 *Bratton Cemetery* DATE OF BURIAL *Oct 11, 1928*

20. UNDERTAKER *Lysan Farm Co.* ADDRESS *Trouton 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.

