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

Do not use this space.

2606

MAR 23 1929

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.

1. PLACE OF DEATH

County Montgomery — Registration District No. 592 — File No. 15

Township — Primary Registration District No. 4350 — Registered No.

City Montgomery (No. ..... St. ..... Ward)

2. FULL NAME Nancy June Laird

(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 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 W. I. Laird

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22nd 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	11	6	

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

9. BIRTHPLACE (CITY OR TOWN) near
(STATE OR COUNTRY) Wellsville Mo.

PARENTS

10. NAME OF FATHER James Hays
11. BIRTHPLACE OF FATHER (CITY OR TOWN) near
(STATE OR COUNTRY) Wellsville Mo
12. MAIDEN NAME OF MOTHER Narcissa Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near
(STATE OR COUNTRY) Wellsville Mo.

14. INFORMANT Mrs James Adams
(Address) Montgomery City Mo

15. FILED 1/29, 1929 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1929, to Jan. 29, 1929 that I last saw her alive on Jan 28, 1929, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute bronchitis
11A
10A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Bruce Menefa, M. D
Jan 29, 1929 (Address) Montgomery 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: Montgomery City Cemetery — DATE OF BURIAL: Jan 30 1929

20. UNDERTAKER: W. Hopkins Montgomery — ADDRESS: City Mo.