MAR 28 1930

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

Do not use this space.

5746

File No.
Registered No.

1. PLACE OF DEATH
County Moniteau Registration District No. 575
Township Willow Fork Primary Registration District No. 4339
City Tipton (No. 6 St. Ward)

2. FULL NAME Nicholas Cole Lairmore

(a) Residence. No. 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	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-9-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	2	27	

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

9. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Geo. W. Lairmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Maud A. Cole
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. G. W. Lairmore
(Address) Tipton Mo

15. FILED 2-7-1930 Mrs Sarah Foyle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929, to Feb 6, 1930, that I last saw ~~him~~ alive on Feb 5, 1930, and that death occurred, on the date stated above, at 4:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) about 8 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? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Labratory
(Signed) B. F. Bowline M. D.
2-7-1930 (Address) Tipton 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 I.O.O.F. Cemetery Tipton Mo
DATE OF BURIAL 2-9-1930

20. UNDERTAKER Jewell E. Richards
ADDRESS Tipton Mo

#2466

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.