

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

Do not use this space.

8080

**1. PLACE OF DEATH**

County Clay  
Township Lallatur  
City NOKE MO (No.)

Registration District No. 197  
Primary Registration District No. 5276

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence NOKE MO St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>0</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Tom H Laswell

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

12. MAIDEN NAME OF MOTHER Thelma Elliot

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

14. INFORMANT Tom H Laswell  
(Address) NOKE MO

15. FILE NO. 3/3 130 REGISTRAR JR Dugg

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/12 1930

17. I HEREBY CERTIFY. That I attended deceased from March 3 1930, to March 12 1930, that I last saw him alive on March 12 1930, and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Right Tubercular pneumonia which extended to left lung

18. WHERE WAS DISEASE CONTRACTED 107A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 ds.

CONTRIBUTORY (SECONDARY) 100W (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED no IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF now

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopical findings  
(Signed) Walter Hagg M. D.

3/13 1930 (Address) North Kansas City, 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 Liberty, Mo DATE OF BURIAL 3/14 1930

20. UNDERTAKER Morton & Co ADDRESS 410 AC 200

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.

APR 28 1930

DEPARTMENT RECORD

