OCT 31 1930

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

Do not use this space.

File No. 27568

Registered No. 12

1. PLACE OF DEATH

County: Pike Missouri — Registration District No. 688

Township: Spencer Reno — Primary Registration District No. 5916

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: William Henry 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: 80 yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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~~: Mary Laird

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 20 1850

7. AGE: Years 80 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Pike Co. Mo.

PARENTS

10. NAME OF FATHER: Henry Laird

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

12. MAIDEN NAME OF MOTHER: Lucinda Prear

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

14. INFORMANT: Pearl Lasher
(Address): Curryville, Mo.

15. FILED Oct 9, 1930 Mattie Unsee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1930, to Aug. 25, 1930 that I last saw him alive on Aug. 24, 1930, and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis

131

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 120

(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) O. N. Snodgrass, M. D.

Sept 10, 1930 (Address) Frankford, 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~~: Frankford Cem — DATE OF BURIAL: Aug 26, 1930

20. UNDERTAKER: E. R. Fields — ADDRESS: Frankford

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.