WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37535

File No. 10207

Registered No.

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 7811 (10 Mer)

Township: St. Louis — Primary Registration District No.:

City: St. Louis (No. 113 W. Ellwood St. Ward)

2. FULL NAME: Elmer R. Laird

(a) Residence, No. 113 W. Ellwood 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: 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: Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10, 1890

7. AGE: Years 42 — Months 1 — Days 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ice & Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Kinsella 140

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankfort Missouri

FATHER

13. NAME: Savry Laird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington

MOTHER

15. MAIDEN NAME: Elenor Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington

17. INFORMANT (ADDRESS): Clara Laird, 113 W. Ellwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mo Crematory DATE: Nov 21, 1932

19. UNDERTAKER (ADDRESS): C. Kroenmeyer & Co, 1118 S. Spring

20. FILED: NOV 19 1932, 19 — Registrar: Chas C. Stanley

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attended, 19..., to ..., 19...

I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot Wound of Chest | |
| 195 Whether accidental or intentional could not be ascertained | |

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury: 11/18, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Gunshot Wound of Chest

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Conner, M.D.

(Address) Dep. Coroner

11/19/32