

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 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **6104** **Washington**) St. Ward)

13226

File No. **3310**Registered No. **3310**

2. FULL NAME

Helen Swanwick Laird
(a) Residence, No. **6104 Washington**, 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred **17** 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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **David P. Laird**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 27-1857**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 -

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **owns home**

10. Date deceased last worked at this occupation (month and year) **1935** 11. Total time (years) spent in this occupation **58**

12. BIRTHPLACE (CITY OR TOWN) **Leicester Ill.**
(STATE OR COUNTRY)

13. NAME **Francis Swanwick**

14. BIRTHPLACE (CITY OR TOWN) **Leicester England**
(STATE OR COUNTRY)

15. MAIDEN NAME **Mary Douglas**

16. BIRTHPLACE (CITY OR TOWN) **Glenelg Scotland**
(STATE OR COUNTRY)

17. INFORMANT **Helen Laird**
(ADDRESS) **6104 Washington St. St. Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Leicester Ill.** DATE **March 29, 1936**

19. UNDERTAKER **Osborn Scholder**
(ADDRESS) **Leicester Ill.**

20. FILED **WAR 27 1936** 19 **J. H. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 27, 1936**

22. I HEREBY CERTIFY That I attended deceased from **June 1855** to **March 7, 1936**.

Last saw her alive on **March 27, 1936**. Death is said to have occurred on the date stated above, at **2 p.** m.

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

Acute myocarditis following chronic myocarditis (Date of onset)

Other contributory causes of importance:

Atherosclerosis
Hypertension
Senile physician phthisis

Name of operation **None** Date ofWhat test confirmed diagnosis? **No** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **J. B. Berger** M. D.(Address) **102 W. Broadway St. Louis**

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