

JUL 20 1936

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

Do not use this space.

22622

1. PLACE OF DEATH

County Greene  
Township Jackson  
City Jackson (No. \_\_\_\_\_)

Registration District No. 944  
Primary Registration District No. 5447B

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Gerald Dean Lair

(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 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1936

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Springfield Mo

13. NAME Jack Dehd Lair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

15. MAIDEN NAME Opal Hinde

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Grove Mo

17. INFORMANT (ADDRESS) Jack Dehd Lair 504 1/2 St. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE OF Liberty Cem. DATE June 15 1936

19. UNDERTAKER (ADDRESS) Jack Gerald Lair 122 Bradford, Mo. R2

20. FILED July 1 1936 Clyde P. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY That I attended deceased from June 12 1936 to June 13 1936.  
I first saw h. l. alive on June 13 1936. Death is said to have occurred on the date stated above, at 2 A. m.  
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Toxemia 6/11/36  
Intestinal Hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? No  
If so, specify \_\_\_\_\_ (Signed) R. H. Foch M. D.  
(Address) \_\_\_\_\_

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.

