

JAN 17 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Boyer
Township Nearby
City Boyer (No. 33)

Registration District No. 199
Primary Registration District No. 3279A

File No. 45113
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Laura A. Stair

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion E. Stair</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4, 1862</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kosciusko Mo;</u>		
FATHER	13. NAME <u>David Milby</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Larch Warnes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Marion E. Stair</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pratt</u> DATE <u>Dec 12</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>De Mott Crunk</u> <u>Laturon Mo.</u>		
20. FILED <u>Dec 17</u> 19 <u>37</u> <u>W. D. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 10 1937.
I last saw her alive on Dec 7 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon with generalized abdominal metastases
Chronic Myocarditis
Date of onset _____

Other contributory causes of importance: 4/0

Name of operation _____ Date of _____
What test confirmed diagnosis? Colonial 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) Oliver E. Bucher, M. D.
(Address) Laurson Mo.

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.

1950-1951

1952-1953

1954-1955

1956-1957

1958-1959

1960-1961

1962-1963

1964-1965

1966-1967

1968-1969

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1972-1973

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1976-1977

1978-1979

1980-1981

1982-1983

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2018-2019

2020-2021