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

REC'D APR 23 1938

97721
Do not use this space.

1277

1. PLACE OF DEATH
(a) County Jackson
(b) Township Raw
(c) City Kansas City
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Albert B. Laird 630
(a) Residence, No. 4328 Terrace St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Ara Lee Laird
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1892
7. AGE: Years 45 | Months 10 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Optometrist
9. Industry or business in which work was done, as 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) Willow Springs Missouri

FATHER
13. NAME Richard William Laird
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Catherine Loveridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mrs. Ara Lee Laird 4328 Terrace
18. BURIAL, CREMATION OR REMOVAL PLACE Mt. St. Mary's DATE March 21, 1938
19. FUNERAL DIRECTOR (ADDRESS) Wagner Funeral Home 2604 W. Linwood
20. FILED 3-19, 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1937, to 3/17, 1938
I last saw h. alive on 3/17/38, 19.... Death is said to have occurred on the date stated above, at 4:25 p.m.
The principal cause of death and related causes of importance were as follows:

Epithelioma Tongue — Date of onset May 1937
HS
HS

Other contributory causes of importance:
Hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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) Charles L. Bee, M. D.
(Address) 630 Apple Bldg Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

Dr. Ira H. Lockwood
Argyle Bldg.
Vi 5530

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)