

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.

SEP 29 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35348

1. PLACE OF DEATH

County Ray Co
Township Richmond
City Richmond Mo.

Registration District No. 744
Primary Registration District No. 3035
5996B

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (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>Jess Mc Bee</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-9-1882</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>	DAYS <u>29</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>House wife</u>			
	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) <u>Ray Co</u>				
FATHER	13. NAME <u>Joseph C. Lairday</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
MOTHER	15. MAIDEN NAME <u>Emily Lambert</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT <u>Jess Mc Bee</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2201 Hope</u> DATE <u>Sept 9 1936</u>				
19. UNDERTAKER <u>C. M. Agner</u> (ADDRESS) <u>Richmond Mo.</u>				
20. FILED <u>9-10</u> 19 <u>36</u> <u>E. E. Day</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 1:30 A.M.The principal cause of death and related causes of importance were as follows:
Date of onsetChronic Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Chronic Was there an autopsy No23. 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) E. E. Day(Address) Richmond Mo

1952 APR 19

DEPT. OF THE ARMY
WASHINGTON, D.C.

TO : THE DIRECTOR, ARMY HEADQUARTERS
FROM : THE ADJUTANT GENERAL, ARMY HEADQUARTERS
SUBJECT: [Faint text, possibly a name or title]

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