

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

Do not use this space.

8614

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township Walden Primary Registration District No. 2002 Registered No. 158
 City Joplin (No. _____) Walden St. _____ (Ward)

2. FULL NAME

(a) Residence. No. 2119 Wood 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Susan L. Blair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 11 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employee) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Paris
 (STATE OR COUNTRY) France

10. NAME OF FATHER Sidney Blair

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Esther M. Blair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. H. D. Suggs
 (Address) 2339 Main St. Joplin

15. FILED 3/22/27 A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 19 27

17. I HEREBY CERTIFY That I attended deceased from Mar 8 27 to Mar 20 27 and that I last saw him _____ alive on _____, and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis

12/A
 129 (duration) _____
 CONTRIBUTORY (SECONDARY) Injured Openly (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 11/A
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Harry L. Learning M.D.
3/22/27 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grand Port Cem DATE OF BURIAL 3-23-19 27

20. UNDERTAKER Lucas & Sons ADDRESS _____

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.

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