28 1928

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

Do not use this space. 37492

1. PLACE OF DEATH
County Sullivan
Township Duncan
City Sandyville W Va
Browning Mo
Registration District No. 497
Primary Registration District No. 4300
File No. 117
Registered No. 117
(No. ..... St. ..... Ward)

2. FULL NAME John Mairs
(a) Residence. No. Browning Mo St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 63 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Permelia M. Mairs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	5	—	

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

9. BIRTHPLACE (CITY OR TOWN) Sandyville
(STATE OR COUNTRY) West Virginia

PARENTS
10. NAME OF FATHER Thomas Mairs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Louisa Arnold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT J. R. Mairs
(Address) Browning Mo.

15. FILED 11-12, 1928 W. E. Crearon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1926, to Nov 10, 1928, that I last saw him alive on Nov 10, 1928, and that death occurred, on the date stated above, at 7 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis
(duration) 2 yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. L. Hamm, M. D
11/12, 1928 (Address) Browning 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 Jenkins
DATE OF BURIAL 11/13 1928

20. UNDERTAKER L. W. Hummel
ADDRESS Browning 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.