

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

Do not use this space.

28308

1. PLACE OF DEATH

County Rain
Township
City Marceline (No. _____)

Registration District No. 502
Primary Registration District No. 4325

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Mort J. Fair

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF → Corra Courser Fair (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 0 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired.
(b) General nature of industry, business, or establishment in which employed (or employer). Farmer.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chariton Co
(STATE OR COUNTRY) mo

PARENTS
10. NAME OF FATHER Colby Fair
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER McCollum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo

14. INFORMANT Alma Fair
(Address) Marceline

15. FILED 8/15, 1929 Eda Putnam
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1929

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Aug, 1929 that I last saw alive on July, 1929, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Rectum

CONTRIBUTORY (SECONDARY) 46 D (duration) yrs. mos. ds.
45 (duration) yrs. 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? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Ellis, M. D.

8/13, 1929 (Address) Marceline 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 Wm Olver DATE OF BURIAL Aug 14 1929

20. UNDERTAKER Gas McLaughlin ADDRESS Marceline

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.

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