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

Do not use this space.

36550

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City Cape Girardeau (No. St Francis Hospital St. Ward)

File No.
Registered No. 246

2. FULL NAME Elmer E. Bair
(a) Residence. No. St., Ward. Marble Hill, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula M. Bair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber 137 1931
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm H. Bair
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Claude E. Bair
(Address) Flat River, Mo.

15. FILED 11/23, 1929 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-9, 1929, to 11-21, 1929 that I last saw h. 9 A.M. alive on 11-21, 1929, and that death occurred, on the date stated above, at 7¼ P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Hyp PP~~
Pyelo-Nephritis
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) HYP-PROSTATE
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Marble Hill MO
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-19-29
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. L. Burcth, M. D.
, 19 (Address) Cape Girardeau 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 Marble Hill, Mo.
DATE OF BURIAL 11/23 1929

20. UNDERTAKER Walthers Und. Co.
ADDRESS Cape Girardeau 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.