

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

Do not use this space.

11278

APR 30 1930

1. PLACE OF DEATH

County Saline
 Township Blackburn
 City Blackburn (No.)

Registration District No. 705
 Primary Registration District No. 4474

File No.
 Registered No. 47
 St. Ward

2. FULL NAME

Dorthea Flair

(a) Residence. No. 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 Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Herman Flair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	80	1	1	

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

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

10. NAME OF FATHER Jerman Bodinstal

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Tom Flair Blackburn Mo

15. FILED 19 28 Blackburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/25 1930

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1930, to March 25, 1930 that I last saw h. ex. alive on March 24, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
82A
97
 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 7400
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) L. S. James, M. D.
 , 19 (Address) Blackburn, 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 Evangelical Cemetery DATE OF BURIAL 3/26 1930

20. UNDERTAKER H. F. Decussing Concordia Mo.
 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.

