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

Do not use this space.

2588

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 3035

File No. 16
Registered No. 16

2. FULL NAME Willie G. Blair

(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: 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~~ Daisy Blair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1882

7. AGE: 48 YEARS | MONTHS: 2 | DAYS: 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner 16
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scotland
(STATE OR COUNTRY) —

PARENTS
10. NAME OF FATHER Andrew Blair
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Scotland Surrett
12. MAIDEN NAME OF MOTHER Gennette Surrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Scotland

14. INFORMANT Mrs W. L. Blair
(Address) Richmond Mo.

15. FILED 2-1-31 E. E. Lay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4:15 P.M. 1-19-1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1930, to Jan 19, 1931 that I last saw h. alive on Jan 19, 1931, and that death occurred, on the date stated above, at 4:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82 A
91
102 (duration) yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis with hypertension (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? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) H. M. Goffith, M. D
Jan 19, 1931 (Address) Richmond 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: Sunny Slope
DATE OF BURIAL: 1-21 1931

20. UNDERTAKER: A W Mansur
ADDRESS: Richmond 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.