

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

Do not use this space.

5281

MAR 24 1931

1. PLACE OF DEATH  
 42 County Henry Registration District No. 347  
 4 Township \_\_\_\_\_ Primary Registration District No. 3018  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Wm Henry Fair  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Mary Brown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1861  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 2 3  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Meat Cutter 149  
 (b) General nature of industry, business, or establishment in which employed (or employer) in butcher shop  
 (c) Name of employer \_\_\_\_\_

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1931  
 17. I HEREBY CERTIFY, That I attended deceased from January 21 1931 to Feb 16 1931  
 that I last saw him alive on February 16 1931 and that death occurred, on the date stated above, at 7:00 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza 93 D  
11 D  
 (duration) yrs. 1 mos. ds.  
 CONTRIBUTORY (SECONDARY) myocarditis or stroke  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER Thos Fair  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia  
 12. MAIDEN NAME OF MOTHER Emaline Gray  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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) S. W. Wolf, M. D.  
 19 (Address) Clinton Mo

14. INFORMANT Mrs Henry Fair  
 (Address) Clinton Mo  
 15. FILED 2/18 1931 Ed. C. Peelor REGISTRAR

\*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 Bethelton Ave DATE OF BURIAL 2/18 1931  
 20. UNDERTAKER Spore & son ADDRESS Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

