

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

8609

PLACE OF DEATH

County Union
Township Wellspring
City Wellspring (No. 1)

Registration District No. 895
Primary Registration District No. 6797

File No. 8609
Registered No. 4
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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 (OR) WIFE OF William H. H. Blair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/6/1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

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

10. NAME OF FATHER William Farley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Spiller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Wm. Phil Simpson
(Address) Wellspring Mo.

15. FILED 2/21/31 1931 Roy J Owens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/20/31

17. I HEREBY CERTIFY, that I attended deceased from Feb 14 1931 to Feb 20 1931 that I last saw him alive on 2-19-31 19 , and that death occurred, on the date stated above, at 7:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11A

CONTRIBUTORY (SECONDARY) flu
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Roy J Owens M. D.
2/20/31 (Address) Wellspring 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 Wellspring Mo

20. UNDER TAKER Wellspring Mo

21. ADDRESS Wellspring Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PARTICULARS should state any support. AGE should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY.

