

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St Joseph (No. Mo State Hosp #2) Registered No. 17177
 St. _____ Ward _____

2. FULL NAME Hazel Boyd 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

3. SEX Female 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 W. R. Fair
Dec 24, 1891

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12th 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 4 18

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

9. BIRTHPLACE (CITY OR TOWN) Montrose
 (STATE OR COUNTRY) colo.

10. NAME OF FATHER John P. Boyd

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

12. MAIDEN NAME OF MOTHER Christina King

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

14. INFORMANT W. R. Fair
 (Address) Buckanridge, Mo

15. FILED John R. Bender
MAY 12 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1931

17. Viewed on
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, _____, _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Hanging at State Hospital No. 2
165

CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE AND DISEASE CONTRACTED 165
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History
 (Signed) B.W. Tadlock Coroner, M.D.
5/12, 1931 (Address) 821 Francis

*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 View Hill Cemetery, Buchanan DATE OF BURIAL 5-14 1931

20. UNDERTAKER J.F. McPeck ADDRESS Buckanridge

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

M. 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.

JUN 24 1931

