

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.

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

Do not use this space.

8675-1260

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 708 Corbin Terrace St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Miss Nina Minerva Bair  
 (a) Residence, No. 708 Corbin Terrace St. 7 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 5, 1870</b>				
7. AGE	YEARS <b>62</b>	MONTHS <b>1</b>	DAYS <b>20</b>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ohio</b>				
FATHER	13. NAME <b>Benjamin Bair</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ohio</b>			
MOTHER	15. MAIDEN NAME <b>Minerva Criley</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ohio</b>			
17. INFORMANT <b>Mary L. Bair</b> (ADDRESS) <b>708 Corbin Terrace K. C. Mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mansfield, Ohio</b> DATE <b>3</b> 19 <b>32</b>				
19. UNDERTAKER <b>Freeman Mortuary &amp; Chapel</b> (ADDRESS) <b>104 W. 42nd St. K. C. Mo</b>				
20. FILED <b>3/26/32</b> M. M. Crout Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-25-32** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **9:25 a.m. 19.30**, 19**32**, to **2:55 p.m.**, 19**32**  
 I last saw her alive on **2:55 p.m.**, 19**32** Death is said to have occurred on the date stated above, at **9:25 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Atherosclerosis**  
**Cerebral thrombosis**  
 (Date of onset definite)

Other contributory causes of importance:  
**Cerebral thrombosis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **Phys. Exam** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19**32**  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **E. J. Schmidler** M. D.  
 (Address) **421 Schubert Bldg. Kansas City Mo.**

Dr. E. I. Schindler  
Shukert Bldg.