

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.

SEP 26 1932

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

Do not use this space.

27099

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward

2. FULL NAME JOHN 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 Widowed
 (the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Margrete Blair
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1
61 3 13 day, hrs.
 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Ray Co Missouri

FATHER 13. NAME John Blair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Mary Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT R. E. BLAIR
 (ADDRESS) Detroit Mich

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Terre Haute Ind. DATE 9/1/32

19. UNDERTAKER C. M. Young
 (ADDRESS) Richmond

20. FILED 8 29 - 32 6 6 day strar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/28/32, 19...

22. 8-1- HEREBY CERTIFY, That I attended deceased from 1932, 19...
 I last saw h... alive on....., 19... Death is said to have occurred on the date stated above, at 11:15 P.m.
 The principal cause of death and related causes of importance were as follows:
475
950 Acute Dilatation
475 of Heart
 Other contributory causes of importance: 1 Pulmonary Embolism

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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...
 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?
 If so, specify.....
 (Signed) E. E. Day, M. D.
 (Address) Richmond Mo

