FEB 27 1934

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

Do not use this space.

1686

1. PLACE OF DEATH
County Johnson
Township Warrensburg
City Warrensburg (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. .....
Registered No. .....

2. FULL NAME Ara Leo Adair

(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 DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1916

7. AGE: YEARS 17 | MONTHS 8 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.S. School Boy
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) Johnson Co. Mo.

FATHER
13. NAME D. W. Adair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Co Mo.

MOTHER
15. MAIDEN NAME Effie Wayman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

17. INFORMANT (ADDRESS) D. W. Wayman Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Jan 23 1934

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo.

20. FILED Jan 23 1934 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1934, to 1-22, 1934
I last saw him alive on 1-22, 1934. Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Pneumonia	1-19-34
Acute Nephritis	1-15-34
121 A (Post-Scarlatina)	
121 B	
130	

Other contributory causes of importance:
Gangrenous appendicitis

Name of operation appendectomy Date of 1-16-34
What test confirmed diagnosis? Was there an autopsy? Yes

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? No
If so, specify .....
(Signed) R. F. McKinney, M. D.
(Address) Warrensburg, Mo.