

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

Do not use this space.

36063

1. PLACE OF DEATH ^{250 26 1935}
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4146 Chestnut) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Frederick B. Blair
 (a) Residence, No. 4146 Chestnut 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Besse A. Blair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Midland Broadcasting Co.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broadcasting Co.
 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) Sandwich Illinois

13. NAME William Wallace Blair

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

15. MAIDEN NAME Elizabeth J. Doty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Wayne C. Blair
 (ADDRESS) 4146 Chestnut, Kansas City, Mo.

18. BURIAL ~~PREVIOUS OR REMOVED~~
 PLACE Lamoni, Iowa DATE Nov. 11, 1935

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED Nov. 11, 1935 M. M. Crown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1935, to Nov. 9, 1935
 I last saw him alive on Nov. 8, 1935. Death is said

to have occurred on the date stated above, at A. m. 4:45
 The principal cause of death and related causes of importance were as follows:

Malignancy of liver.

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms 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? no
 If so, specify _____

(Signed) O. W. Butler, M. D.
 (Address) 3700 Benton Blvd.
H. C. Ino

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.

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

3700 Benton

Wa. 1390