

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

Do not use this space.

30208

**1. PLACE OF DEATH**  
County Carver Registration District No. 146  
Township Pike Primary Registration District No. 146  
City John Adair (No) St.                      Ward                     

**2. FULL NAME** John Adair  
(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
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.                      (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** married

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 12-9-1897

**7. AGE** YEARS 38 MONTHS 7 DAYS 22 If LESS than 1 day,                      hrs.                      min.

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Ti makes -

**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)** Mo

**13. NAME** Henry Adair

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ark

**15. MAIDEN NAME** Betty Ann Hedrick

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo

**17. INFORMANT (ADDRESS)** Leona Adair

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Reynolds Co. Mort. Bk **DATE** Aug 2 1936

**19. UNDERTAKER (ADDRESS)** Van Buren Mo

**20. FILED** Aug 1936 Jessie D. Sledge Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug. 1 1936

**22. I HEREBY CERTIFY, That I attended deceased from**                      19                      to                      19                     

I last saw h                      alive on                      19                      Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
1946  
crushed chest + lung  
hemorrhage

Other contributory causes of importance:  
                    

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide?                      Date of injury Aug 1 1936  
Where did injury occur? Near Fremont, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry,                       
Riding on loaded lumber truck  
Manner of injury Crushed by falling lumber  
Nature of injury Crushed left side

**24. Was disease or injury in any way related to occupation of deceased** no  
If so, specify                       
(Signed) W. B. Brown, Coroner M. D.  
(Address) Van Buren, Mo

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.

