

OCT 23 1936

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

Do not use this space.

31742

1. PLACE OF DEATH

County Monroe
Township Jackson
City..... (No..... St..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No.....
Registered No. 50

2. FULL NAME

Thomas Blair

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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 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 Belle Blair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 17

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

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) 1936 11. Total time (years, months, and days) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chandlerville Illinois13. NAME David Blair14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Anne Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.17. INFORMANT (ADDRESS) Mrs. Belle Blair Paris Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Church, near Chandlerville, Ill. DATE 8/19 193619. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Missouri20. FILED 8/18 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 18 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1936, to Aug. 18, 1936

I last saw him alive on Aug 17, 1936. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uremic Coma
Arterio sclerosis

Date of onset

Other contributory causes of importance: 131

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? NO
If so, specify.....

(Signed) J. F. Elyrit, M. D.
(Address) Paris, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

