

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH
 6 County Benton Registration District No. 40
 2 Township _____ Primary Registration District No. 4024
 2 City Lamar (No. _____) St. _____ Ward _____
 2. FULL NAME Henri S. Blair
 (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)

File No. 19339

Registered No. 29

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 Ruth Blair
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Prop.
 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) Adelaide Australia

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Henri S. Blair (ADDRESS) Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Lamar Cemetery DATE 5-17-1937

19. UNDERTAKER River Funeral Home (ADDRESS) Lamar, Mo.

20. FILED 5-16-1937 Mrs Josephine Myrdal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1937
 22. I HEREBY CERTIFY, That I attended deceased from 5-14-1937 to 5-15-1937
 I last saw him alive on 5-15-1937. Death is said to have occurred on the date stated above, at 5:00pm.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
 Other contributory causes of importance: Chronic myocarditis (relative failure with past 12 months)
 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 _____, 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) James A. Atkins, M. D.
 (Address) Lamar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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