

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.

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

Do not use this space.

OCT 19 1937

33269

1. PLACE OF DEATH

County Jackson Registration District No. 317
 Townshp Blue Primary Registration District No. 1002
 City Kansas City—Mo. (No. Leas Hospital)

File No. _____
 Registered No. 33269
 St. _____ Ward _____

2. FULL NAME

Fair, Mrs. Goldie J

(a) Residence, No. 2637 Prospect St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1912
 7. AGE YEARS 25 MONTHS 7 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) August 1937 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1937
 22. I HEREBY CERTIFY, That I attended deceased from 8-21 1937 to 9-10 1937
 I last saw her alive on Sept 10, 1937 Death is said to have occurred on the date stated above, at 6:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 3 yr
2.3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crittenden, Mo.
 13. NAME Flippers, J. S.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Sprattley, Ella
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT K.C.T.B. Hospital, Leas station (ADDRESS) Kansas City, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cem. DATE 9-13-37
 19. UNDERTAKER (ADDRESS) George C. Basson
2101 Olive St., Kansas City, Mo.
 20. FILED Sept 13 1937 M. M. Brown Registrar.

Other contributory causes of importance: _____
 Name of operation Agneculpsis Date of 9-10-37
 What test confirmed diagnosis? May Positive Sputum Is 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? Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Mo
 Manner of injury _____
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. D. MacKintosh, M.D. M. D.
 (Address) Kansas City, Mo.

1977

10/27

10/28