

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson Registration District No. 431 File No. 3208
 Township Warrensburg Primary Registration District No. 5588 Registered No. 6
 City Warrensburg No. _____ St. _____ Ward _____

2. FULL NAME

John B. Adair
 (a) Residence No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Called to see him, to Jan. 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep - 7 - 1849

I last saw him alive on Jan 27, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 88 4 21

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

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) _____ 11. Total time (years) spent in this occupation _____

Senile Infirmitas
Mitral Regurgitation
Valvular Lesions
 Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME J. R. Adair

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dan Adair (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Jan - 29, 1938

19. UNDERTAKER Sweeney - Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Jan 29, 1938 Eva Shelby Registrar

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) R. L. Gills, M. D.

_____, (Address) Golden Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH