

135 JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Ruehman Registration District No. 85 File No. 17778
 Township _____ Primary Registration District No. 1001 Registered No. 554
 City St. Joseph (No. Two Meth Hosp.) St. _____ Ward _____

2. FULL NAME Arthur Mc Hair
 (a) Residence, No. R 704 2 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 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 Wht
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Welder
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1868
 7. AGE YEARS 69 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 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) Summer of 1936
 11. Total time (years) spent in this occupation 47
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 13. NAME Do Not Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know
 15. MAIDEN NAME Do Not Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know
 17. INFORMANT Oris Mc Hair
 (ADDRESS) St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cem. DATE May 25-38
 19. UNDERTAKER Stoney Funeral Home
 (ADDRESS) St. Joseph, Mo.
 20. FILED 5725 19. 57 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 23, 1938
 I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 4:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerotic Heart Disease
 Date of onset 62
 Other contributory causes of importance:
Pilegia
Arterio-sclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? Electrocardiogram 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? yes
 If so, specify Farmer, looking on wife
 (Signed) T. F. Gowden, M. D.
 (Address) St. Joseph, 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.

