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.

File No. 1766

Registered No.

1. PLACE OF DEATH
County: Caldwell
Township:
City: Breckenridge (No. ..... St. ..... Ward)
Registration District No. 94
Primary Registration District No. 4855

2. FULL NAME: Lizzy O Blair

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~: William Blair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 13, 1853

7. AGE: Years 85 Months 8 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home life
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): Oxford Ohio

FATHER
13. NAME: Asel Waldo.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Caroline McNutt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Lina Blair
(ADDRESS) Breckenridge Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Burial
PLACE Breckenridge Cem DATE Jan 5, 1939

19. UNDERTAKER: J F McPeek & Son
(ADDRESS) Breckenridge Mo

20. FILED Jan 10th, 1939 A. R. Wilson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 31, 1938, to Jan 2, 1939
I last saw her alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal laryngitis	Oct 10 1931
Other contributory causes of importance: Heart failure	Nov. 1938

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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? ✓
If so, specify ✓
(Signed) E. G. Thompson M. D.
(Address) Breckenridge Mo