REC'D AUG 10 1939

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

25128
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 827

(c) City or Township St. Joseph — (d) Street No. St. Joseph's Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 360 Olin Adair

(a) Residence, No. 109 E. Augusta (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Blanche Adair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 13, 1891

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1918 — 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton, Mo.

FATHER

13. NAME: James D. Adair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn, Iowa

MOTHER

15. MAIDEN NAME: (unknown) Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs Blanche Adair, 109 E. Agusta

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Auburn — DATE: Aug 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Tracy Barry Funeral Home, 218 South 10th St

20. FILED: Aug 9 1939 — H. J. Nettelhorst, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8, 1939 viewed

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1939 to ....., 19.....

I last saw ########## alive on ##########, 19..... Death is said to have occurred on the date stated above, at 9:30 P.M.

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

	Date of onset
Mitral insufficiency	
Other contributory causes of importance: Arterial	
Hypertension and Chronic	
Myocardial Degeneration	

Name of operation..... Date of.....

What test confirmed diagnosis? History. 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) F. W. Tadlock — Coroner, M. D.

(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/17/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Garth H. Smith, Registered Apprentice No. .....
working under my personal supervision.

Signed Garth H. Smith

Licensed Embalmer No. 3927

P. O. Address 218 S 10 St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.