

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.

REC'D SEP 13 1939

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

Do not use this space.

30482

1. PLACE OF DEATH

County *Shelby*  
 Township *E. Dallas*  
 City *600 Trainman*

Registration District No. *898*

Primary Registration District No. *6204*

File No.

Registered No. *38*

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

*M*

4. COLOR OR RACE

*W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

*Hattie Moore Lair*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*April 19 1871*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*68*

*4*

*8*

OCCUPATION

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

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

*Joplin Mo.*

FATHER

13. NAME

*Samuel Lair*

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

*Unknown*

MOTHER

15. MAIDEN NAME

*Martha Spemaha*

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

*Unknown*

17. INFORMANT (ADDRESS)

*Mrs. Hattie Lair Rte #1 Fordland Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Mt. Olive*

DATE

*Aug 26 1939*

19. UNDERTAKER (ADDRESS)

*Kelley, Ferrrell Fordland, Mo.*

20. FILED

*Sept 7 1939*

*Lester W. Good Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Aug 24 1939*

22. I HEREBY CERTIFY, That I attended deceased from

*7-10 1939*

to

*8-23 1939*

I last saw him... alive on

*8-23 1939*

Death is said

to have occurred on the date stated above, at *9:15 A.M.*

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

*Carcinoma of bladder*

Date of onset

Other contributory causes of importance:

*51*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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)

*Howard T. Mason Do*

822 (Address)

*Fordland Mo.*

RECEIVED

District Health Officer No. 6,

District File Number 939-1862

Date Filed SEP 11 1939