

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

Do not use this space.

FILED FEB 15 1940

1. PLACE OF DEATH

County Polk Registration District No. 700
 Township Union Primary Registration District No. 44-21-40
 City Adirack (No. 6) St. _____ Ward _____

File No. 3419
 Registered No. 2

2. FULL NAME

U. C. Joseph Blair
 (a) Residence, No. _____ St. _____ Ward _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Rachel Craft
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 0 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

not known

10. NAME OF FATHER

Andy Blair

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Jenny

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

don't know

14. INFORMANT (Address)

Low Coffman
Adirack Mo

15. FILED

Jan 31, 1940 Tyna Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1940
 17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1940, to Jan 27, 1940
 that I last saw him alive on Jan 16, 1940, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
and Athery
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

debility of Age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. B. Kirby, M. D.
 (Address) Dadestille Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and, (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Shady Grove Cemetery Jan 30 1940

20. UNDERTAKER ADDRESS

Hutchison Blue & Bolmar

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
District Health Officer No. 7,
District File Number 2-40-171
Date Filed 2-8-40

S-3419