DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 - 1940

Registration District No. 737

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7860

Primary Registration District No. ~~5963~~ 4436

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clifton Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community
years, months or days) 4 6 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Clifton Hill
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY ETTA BLAIR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 17 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	16	hr. min.

9. Birthplace Randolph County (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Blair
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Hare
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Jeff Blair

(b) Address Clifton Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Mo

18. (a) Signature of funeral director Tom B. Batten

(b) Address Huntsville, Mo.

19. (a) Feby 9-1940 (Date received local registrar) (b) A J Bradshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2.
year 1939 hour minute 4 a M.

21. I hereby certify that I attended the deceased from Nov 1938, 19 to Dec. 2. 1939;
that I last saw her alive on Dec 2 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Tissue	
Due to	
Due to 4 6	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. C. Alexander (M. D. or other)

Address Clifton Hill Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 10
District File Number 2-40-463
Date Filed FEB 12 1940

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo

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

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