

FILED NOV 25 1940

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

39643

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 33
 (b) Township Danforth Primary Registration District No. 6024B Registered No. 16
 (c) City Leadwood (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Edward Blair
 (a) Residence, No. Leadwood mo 0 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Elizabeth Blair
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motor Repair
 9. Industry or business in which work was done, as saw mill, bank, etc. Lead Co.
 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) Hamilton Ontario, Canada
 FATHER 13. NAME William Blair
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
 MOTHER 15. MAIDEN NAME Christina Pringle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
 17. INFORMANT (ADDRESS) Harvard Doss Leadwood, mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood DATE 10/20 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Galt Leadwood, mo
 20. FILED 10/23 1940 W. E. Aebischer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 17 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-17- 1940, to 10-17- 1940
 I last saw him alive on 10-16- 1940. Death is said to have occurred on the date stated above, at 11:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

10/17/40Other contributory causes of importance: 94BName of operation _____ Date of _____
What test confirmed diagnosis? none 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 _____, 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) John W. Bryant M. D.
 (Address) Leadwood, mo

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 B. L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood, 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.