

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.

FILED 22 1930

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

Do not use this space.

26044
File No. _____
Registered No. 193
St. _____ Ward _____

1. PLACE OF DEATH
County Cooper Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME Earl H. Adair
(a) Residence No. Clinton Mo. St. Ward _____ (If nonresident, give city or town and State)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Florence Adair
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-27-1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 11 29

8. OCCUPATION OF DECEASED 194
(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) 83
(c) Name of employer _____

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

10. NAME OF FATHER Isaac Adair
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Allie Bowman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay County
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records
(Address) Fulton Mo.
Aug 26 1930 R. M. News
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-26-1930
17. I HEREBY CERTIFY, That I attended deceased from _____
from _____ 1927 to Aug-26- 1930
that I last saw him alive on Aug 26, 1930, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
died apparently from aspiration of food into trachea. Deceased was completely demented.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY General Analysis of Disease
(SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 20
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) T. H. Frazer M. D.
826 1930 (Address) Fulton State Hospital

*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 Clinton Mo
DATE OF BURIAL Aug 26 1930

20. UNDERTAKER Henderson & Taylor
ADDRESS Fulton Mo

