

MAY 20 1937

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

Do not use this space.

16451

1. PLACE OF DEATH
 4 County Henry Registration District No. 347
 4 Township Clinton Primary Registration District No. 308
 7 City Clinton St. _____ Ward _____
 2. FULL NAME Robert Lehman Fair
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1884
 7. AGE YEARS 52 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road man out of a job
 9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo
 MOTHER FATHER
 13. NAME Wm Fair
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo
 15. MAIDEN NAME Emley Lehman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
 17. INFORMANT (ADDRESS) Thos Gene Pentec Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gringwood DATE 4/2 31 1937
 19. UNDERTAKER (ADDRESS) Consolus & Pech Clinton Mo
 20. FILED 4-8 1937 J. H. Hampton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____ 1937 to April 1 1937
 I last saw h. _____ alive on the 1st of April 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Sudden death, fell dead apparently from natural causes, probably coronary disease Date of onset Apr 1/37
 Other contributory causes of importance: none
 Name of operation none Date of _____
 What test confirmed diagnosis? examined Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury none
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) S. B. Housler M. D.
 (Address) Coroner of Henry Co., Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

