

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

Do not use this space.

41050

PLACE OF DEATH

County Jasper  
Township Wagon  
City Carthage

Registration District No. 408  
Primary Registration District No. 3020  
(No. 1418, S. Main

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Christine Luscombe Blair

(a) Residence. No. 1418 S. Main 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

3. SEX Female 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 Burt H. Blair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 11 16

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER J. J. Luscombe

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

12. MAIDEN NAME OF MOTHER Christina Orchard

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

14. INFORMANT Burt H. Blair  
(Address) 1418 S. Main St. - Carthage

15. FILED 12/19/1929 E. N. Kitchell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1929, to Dec. 17, 1929  
that I last saw him alive on Dec. 16, 1929, and that death occurred, on the date stated above, at 4:05 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute dilatation Heart  
936  
9613

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
(duration) .... yrs. .... mos. .... ds.  
(duration) 10 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Lloyd B. Chute, M. D.

1419 . 10 29 (Address) Carthage, 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

Park Cemetery

20. UNDERTAKER

Kneel Mortuary

DATE OF BURIAL

Dec. 19, 1929

ADDRESS

Carthage, Mo.

