

DEC 30 1936

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

Dr. G. Gaines
Do not use this space.

42274

1. PLACE OF DEATH
 County Ray Registration District No. 744 File No. _____
 Township _____ Primary Registration District No. 3035 Registered No. 120
 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Nellie O. Blair
 (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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Blair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1894

7. AGE YEARS 42 MONTHS 4 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Richmond, Missouri

FATHER
 13. NAME Grant Heath
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Missouri

MOTHER
 15. MAIDEN NAME Martha Huffard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Missouri

17. INFORMANT (ADDRESS) Mr. David Blair Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE November 8, 1936

19. UNDERTAKER (ADDRESS) D. W. Anderson Richmond, Missouri

20. FILED 12-10 19 36 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 to Nov 7, 1936
 I last saw her alive on Nov 7, 1936 Death is said to have occurred on the date stated above, at 2:20 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis 1935
 Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? _____
 If so, specify _____
 (Signed) Dr. G. W. Gaines, M. D.
 (Address) Richmond, Mo.

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.

