WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

X7044

SEP 10 1937

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

Do not use this space.

29020

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7653

City St. Louis, Mo. (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Eugene Fair

(a) Residence, No. ..... St., nR Ward. Kirksville, Mo.
(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: 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: Alta Fair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 19th, 1877

7. AGE: 15 YEARS 59 MONTHS 9 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sup't. Kirksville Normal
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): Gilman City, Missouri

FATHER

13. NAME: Joel Fair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Sarah Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Eugene Fair Jr., Kirksville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE August 15th '37

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED ..... 19 J. Bredeck Registrar. 8-13-37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 13th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1937, to Aug 13th, 1937.
I last saw him alive on Aug 13, 1937. Death is said to have occurred on the date stated above, at 12:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — 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? no
If so, specify .....
(Signed) J. W. Hindenlitz, M. D.
(Address) 4500 Olive St.