

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

Do not use this space.

OCT 18 1937

33581

1. PLACE OF DEATH

County Barton Registration District No. 43
Township Liberal Primary Registration District No. 5065
City Liberal (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John William Wair
(a) Residence, No. Rural St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Catherine Wair

22. I HEREBY CERTIFY That I attended deceased from Sept 8, 1937, to Sept 22, 1937
I last saw him alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 1:45 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1863

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 15

Mitral Stenosis Date of onset 1924

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) Aug 1937 11. Total time (years) spent in this occupation 54

Other contributory causes of importance: 92a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland Mo.

13. NAME Wm Harry Wair

Name of operation none Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

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? _____ (Specify city or town, county, and State)

15. MAIDEN NAME Nancy Brodloch

Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Sarah B. Wair (ADDRESS) Liberal, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal, Mo DATE 9-26, 1937

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Allen W Sandidge, M. D.
(Address) Mulberry Kansas

19. UNDERTAKER Berkey Funeral Service (ADDRESS) Mulberry Mo.

20. FILED 10-5, 1937 W P Beck Registrar.

N. B.—Every item of information should be carefully supplied. A copy of the certificate of death is sent to the State Board of Health. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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