

REC'D DEC 19 1938

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

Do not use this space.

39007

## 1. PLACE OF DEATH

County Copier Registration District No. 2 1095  
Township South Missouri Primary Registration District No. 5310  
City 5111 (No. Sumner Fair) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Parah Fair (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 16, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>10</u>
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>		
10. Date deceased last worked at this occupation (month and year) <u>11-28-1938</u>		11. Total time (years) spent in this occupation. <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Bailey Fair</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Leslie Fair</u> (ADDRESS) <u>Clarksburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Pleasant</u> DATE <u>11-30-38</u>		
19. UNDERTAKER <u>James E. Richards</u> (ADDRESS) <u>Clarksburg Mo</u>		
20. FILED <u>12 1 1938</u> <u>J. K. Martin</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-38

22. I HEREBY CERTIFY, That I attended deceased from 11-28-38 to 11-29-38.  
I last saw him alive on 11-29-38. Death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:  
Acute Gastro-Enteritis Date of onset 11/25/38  
12 2 13  
Other contributory causes of importance:  
Intestinal Purgation  
Pink

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) A. S. Meredith, M. D.  
204 (Address) Francis Howard

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.

RECEIVED  
District Health Office No. 8  
District File Number  
Date Filed 2/5/38