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.

REC'D AUG 17 1939

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

26161
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston
(b) Township
(c) or City Chillicothe
Registration District No. 508
Primary Registration District No. 3026
Registered No. 105
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nelson J. Blair
(a) Residence, No. 611½ Webster St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1889
7. AGE: YEARS 50, MONTHS 4, DAYS 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe Operator
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Livingston Co. Mo.

FATHER
13. NAME Marze W. Blair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER
15. MAIDEN NAME Elizabeth Mannis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Marze W. Blair Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Leopolis Cem. DATE Aug. 10 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James D Gordon Chillicothe, Mo.
20. FILED August 11, 1939 H M Grace Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1939, to Aug 7, 1939
I last saw him alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 1:18 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 7 1939

Other contributory causes of importance: 94 lb

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? no
If so, specify .....
(Signed) A. Collins, M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FILED STATE OFFIC
INDEX CARD RETURNED TO DISTR
DATE 1/16/37

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Donald F. Gordon, Registered Apprentice No. 223 working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lebanon, V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.