

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

27079
Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH
 (a) County Missouri Registration District No. 568
 (b) Township Shelburne Primary Registration District No. 6149 Registered No. 22
 (c) City Shelburne (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Jacob Henry Stair

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Stair

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

7. AGE YEARS 76 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 13. NAME Alford Stair
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Rebecca Cowan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Alva Stair
Rolla mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 7-9-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith Ferguson
Ferguson Mo

20. FILED 717 1939 Local Registrar. W. H. Reed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939

22. I HEREBY CERTIFY that I attended deceased from ca. 1935 to July 6 1939
 I last saw him alive on July 6 1939 Death is said to have occurred on the date stated above, at 6:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Jan 1938

Other contributory causes of importance:
Dehydration of life under of heart

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? no 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) Leslie Randall, M. D.
771 (Address) Rolling 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.

RECEIVED

County Health Officer No. 5,

License File Number 83930

Date Filed 8/10/39

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

Registered Apprentice No....., working under my personal supervision.

Signed Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Richmond, Va.

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

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