

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township
City Fortuna

Registration District No. 573
Primary Registration District No. 4339
(No. St. Ward)

File No. 12687
Registered No. 3

2. FULL NAME George Arthur Blair

(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 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 Celia Blair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 24, 1883

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 day, hrs. or min. |
|--------|-----------|-----------|----------|--|
| | <u>53</u> | <u>11</u> | <u>8</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, 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) Glasgow
(STATE OR COUNTRY) Illinois

13. NAME George T. Blair

14. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nannie Watt

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

17. INFORMANT Mrs. Celia Blair
(ADDRESS) Fortuna, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton, Mo DATE April, 4, 1937

19. UNDERTAKER Jewell E. Richards
(ADDRESS) Tipton, Mo

20. FILED 4-28-37 G. S. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Apr. 2, 1937

I last saw him alive on Apr. 2, 1937. Death is said to have occurred on the date stated above, at 12:45 P.

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

Carcinoma of gall bladder

Date of onset

Other contributory causes of importance: HO

Name of operation Removal of gall bladder Date of Mar. 13, 1937
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) G. S. Nelson, M. D.
(Address) Fortuna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state any symptoms.

