

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

Do not use this space.

33994

PLACE OF DEATH

County Lewis
Township.....
City La Grange (No.....)

Registration District No. 480
Primary Registration District No. 4289

File No.....
Registered No. 29
St..... Ward.....

2. FULL NAME Jere Taylor Muir

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elma H. Muir

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7th 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trimble Co. Ky.

PARENTS

10. NAME OF FATHER Robert Muir

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Ann M. Bartlett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Elma H. Muir
(Address) La Grange Mo.

15. FILE NO. 200-19-1927 A. A. Roberts
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18th 1927

I HEREBY CERTIFY, That I attended deceased from Nov. 4th, 1927, to Nov. 18th, 1927, that I last saw h. Tim. alive on Nov. 18th, 1927, and that death occurred, on the date stated above, at 9:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
92 A
87 A (duration) yrs. mos. 14 ds.

CONTRIBUTORY Chronic Insufficiency (SECONDARY)
not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) Dr. F. E. Carr D.O.

11/19, 1927 (Address) La Grange Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL La Grange DATE OF BURIAL Nov 20 19 27

20. UNDERTAKER A. A. Roberts ADDRESS La Grange Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

