FEB 21 1928

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

Do not use this space.

1756

93

1. PLACE OF DEATH

County Linn — Registration District No. ~~497~~ 507 — File No.

Township Enterprise — Primary Registration District No. 5672 — Registered No. 93

City Country. (No. ..... St. ..... Ward)

2. FULL NAME James Edward Muirhead.

(a) Residence. No. P.O. Purdin, Mo. St. ..... Ward. (If nonresident give city or town and State)
(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.

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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 9, 1862

7. AGE: 66 YEARS — MONTHS: 0 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer: Owner.

9. BIRTHPLACE (CITY OR TOWN): Grantsville Twp.,
(STATE OR COUNTRY): Linn County, Mo.

PARENTS

10. NAME OF FATHER: Hugh Muirhead

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Edinborough
(STATE OR COUNTRY): Scotland.

12. MAIDEN NAME OF MOTHER: Amanda J. Pace.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Winchester,
(STATE OR COUNTRY): Clark Co., Kentucky.

14. INFORMANT: R. G. Muirhead,
(Address): Purdin, Mo. R.F.D.

15. FILED 1/24, 1928 W E Creason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 24, 1928, that I last saw him alive on Jan 24, 1928, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H P Hanning, M.D.

, 19 (Address) Purdin 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: Bear Branch Cem. Linn. Co.

DATE OF BURIAL: Jan. 26 1928

20. UNDERTAKER: M. Y. Rusk

ADDRESS: Brookfield 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.