

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

Do not use this space.

24263

1. PLACE OF DEATH

County Shannon
Township Saline
City (No.)

Registration District No. 290
Primary Registration District No. 54-8

File No.
Registered No. 48
St. Ward)

2. FULL NAME

J. Adolphus Muse

(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 Annice Muse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 6 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Painting
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henderson Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Tom Muse

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

12. MAIDEN NAME OF MOTHER Jones

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

14. INFORMANT Will Muse
(Address)

15. FILED 8-1-29 J. Adolphus Muse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15 1929 to July 15 1929 that I last saw him alive on July 15 1929 and that death occurred, on the date stated above, at 6:22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

multiple sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Van H. Bond M. D.
, 19 (Address) Hornersville 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 Swainh Cemetery DATE OF BURIAL July 8 1929

20. UNDERTAKER Will Muse ADDRESS

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.

SEP 25 1929
35

69

2

