

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

Do not use this space.

32975

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

File No. _____
 Registered No. 4205
 St. _____ Ward _____

2. FULL NAME

Curtis H. Muir
 (a) Residence. No. 271 So Fremont St. K.C. Mo. St Marys Hospit
 (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 Virginia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
28 11 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Driner.
 (b) General nature of industry, business, or establishment in which employed (or employer) yellow lab
 (c) Name of employer Co. K.C. Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

PARENTS
 10. NAME OF FATHER John W Muir
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas.
 12. MAIDEN NAME OF MOTHER Mary Isley.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT John W. Muir
 (Address) 271 So Fremont

15. FILED 10/16/30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1927 to Oct 15 1930
 that I last saw him alive on Oct 15 1930, and that death occurred, on the date stated above, at 6 P m.

18A THE CAUSE OF DEATH* WAS AS FOLLOWS:
97A
97B mitral endocarditis

approx (duration) 1 yrs. 1 mos. ds.
 CONTRIBUTORY (SECONDARY) mitral stenosis
approx (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH do not know
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS clinical, laboratory, autopsy
 (Signed) Jesse R Haley, M. D.
Oct 15, 1930 (Address) 1002 medical arts Bldg, K.C. 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 Memorial Park K.C. Mo. DATE OF BURIAL 10/18/19

20. UNDERTAKER Porter & Sons ADDRESS K.C. Mo.

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

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.

