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

Do not use this space.

16995

File No.

Registered No. 102

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. , St. Ward)
Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME Jacob Westley Muir

(a) Residence. No. Kirksville 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.

FILED JUL 22 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-21-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	9	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret'd farmer
(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) Missouri

PARENTS

10. NAME OF FATHER Joseph Muir
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Catherine Gundy.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT James Muir
(Address) Memphis Mo

15. FILED 6/10, 1931 Mrs C. H. Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28-1931

17. I HEREBY CERTIFY, That I attended deceased from 5-25, 1931, to 5-28, 1931, that I last saw him alive on 5-27, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Influenza
11 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 116
(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) R. L. Nickler, M. D.
, 19 (Address) Kirksville 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~~ Friendship Memphis Mo — DATE OF BURIAL 5-29-1931

20. UNDERTAKER Dee Riley — ADDRESS Kirksville