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.

JUN 23 1932

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

Do not use this space.

16690

1. PLACE OF DEATH

58

County Linn — Registration District No. 498 — File No. 6

Township Bucklin Twp. — Primary Registration District No. 5663 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William R. Muirheid

(a) Residence, No. Bucklin Twp. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Sarah Emma Muirheid, Dec'd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1858

7. AGE — YEARS: 73 — MONTHS: 7 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (month and year) ----------

11. Total time (years) spent in this occupation - -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County Near Macon Missouri

FATHER

13. NAME James E. Muirheid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Lucy Marsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Helen Owens Bucklin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cem. DATE May 8 1932

19. UNDERTAKER (ADDRESS) M. Y. Rusk Brookfield, Missouri

20. FILED 6-10 19 J L Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to May 5, 1932

I last saw ~~him~~ alive on May 5, 1930. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

Double Pneumonia
Followed with abcess of Lung

Date of onset

108

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Bucklin Mo