

Exact statement of OCCUPATION is very important.

Do not use this space.

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

Dr. Albert M. ... 1937

12670

1. PLACE OF DEATH

County Mississippi Registration District No. 567
Township _____ Primary Registration District No. 4334
City East Prairie (No. _____) St. _____ Ward _____

File No. _____
Registered No. 24

2. FULL NAME

Jacob M. Donald Muirhead
(a) Residence No. East Prairie 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. 13 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1937, to 3/10, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1866

I last saw him alive on 30/10, 1937. Death is said to have occurred on the date stated above, at 7/4 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 0 14

Date of onset

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Feb 10 - 1936
11. Total time (years) spent in this occupation life

Carcinoma Livers
Other contributory causes of importance: HL

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Cabe Muirhead

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Willie Muirhead
East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 3/14, 1937

19. UNDERTAKER (ADDRESS) Chas Shelly
East Prairie Mo

20. FILED 3/13/37 Duff M. Fudge Registrar

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? _____
If so, specify _____
(Signed) A. J. Martin, M. D.
(Address) East Prairie Mo

