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.

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

Do not use this space.

1. PLACE OF DEATH
County: BUCHANAN — Registration District No.: 85 — File No.: 2068
Township: ~~WASHINGTON~~ — Primary Registration District No.: 1001 — Registered No.: 49
City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME: INFANT MUIR (60)
(a) Residence, No. 1527 FRANCIS ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): INFANT
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JANUARY 13, 1938
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE
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): ST. JOSEPH MISSOURI 0

FATHER
13. NAME: ROBERT MUIR 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOSEPH MISSOURI 1

MOTHER
15. MAIDEN NAME: MYRTLE PATE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LEAVENWORTH, KANSAS

17. INFORMANT (ADDRESS): ROBERT MUIR 1527 FRANCIS ST. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: JAN. 15th 1938
19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED: Jan 15, 1938 H J Nestlebus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 13, 1938, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938 to Jan 13, 1938
I last saw him alive on Still born 1/13, 1938. Death is said to have occurred on the date stated above, at 6:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	
Cause unknown	

Other contributory causes of importance: Premature

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? no

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) Avery W. Craig M. D.
(Address) 303 Kirkpatrick Bldg

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