JAN 22 1929

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

Do not use this space.

39970

1. PLACE OF DEATH
County: Cole — Registration District No. 213 — File No.
Township: — Primary Registration District No. 3014 — Registered No. 299
City: Jefferson (No. ... St. ... Ward)

2. FULL NAME Martha Irma Mueller

(a) Residence. No. 1211 E Elm 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.

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.

WRITE PLAINLY, WITH BLACKING INK. DO NOT FOLD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17-1928

7. AGE: Years — Months: 2 — Days: 28 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chiles
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer: Jefferson City

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Carl Mueller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Shinder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montana
(STATE OR COUNTRY) MO

14. INFORMANT Carl Mueller
(Address) 1211 E Elm

15. FILED 12-14-1928 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 28

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 19 28, to Dec 13, 19 28, that I last saw her alive on Dec 14, 19 28, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus
Pulmonis
7 yr
158 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Marasmus. (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination of spinal fluid
(Signed) J. G. Bright, M. D.
12-14, 1928 (Address) JC 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: Fleetwood Cem — DATE OF BURIAL: 12/16 28

20. UNDERTAKER: Larson & Sauer — ADDRESS: JC Mo