

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.

2775
21635

1. PLACE OF DEATH U.S.V.Hosp.
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. U.S. Veterans Hospital St. _____ Ward _____)
 Registered No. _____

2. FULL NAME MUELLER, William Henry C-None SPBW
 (a) Residence. No. 2922 Locust St. St. _____ Ward. Pvt. Med Dept.
 (Usual place of abode) St. Joseph, Mo. (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) March 1, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>3</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Machinist Helper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

14. INFORMANT Hospital Records
 (Address) U.S. Veterans Hospital

15. FILED 6/24/29 mmcrowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1929, to June 23, 1929, that I last saw h. im. alive on June 23, 1929, and that death occurred, on the date stated above, at 9:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chr. advanced, active.

(duration) 1 yr. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 31
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam, X-ray and Sputum.
W.E. CHAMBERS, Medical Officer in Charge. M. D.
U.S.V. Hospital, Kansas City, 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 St Joseph Mo DATE OF BURIAL 6-24-29

20. UNDERTAKER Therman Funeral Homes ADDRESS St Joseph

REAR VIEW