WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

28972

1. PLACE OF DEATH
County Hayes
Township Mill Spring
City (No. ..... St. ..... Ward)
Registration District No. 895
Primary Registration District No. 6197
File No. .....
Registered No. 15

2. FULL NAME Henry Muller
(a) Residence. No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Muller
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31 - 1854
7. AGE Years 76 Months 8 Days 0 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER George Muller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs Laura Muller
(Address) Mill Spring Mo
15. FILED 9/1/30 Roy J Owens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930
17. I HEREBY CERTIFY, That I attended deceased from June 1930, to Aug 31 1930, that I last saw him alive on Aug 26 1930, and that death occurred, on the date stated above, at 10 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93 D
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 90 B
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
9/1 (Signed) Roy J Owens, M. D
, 1930 (Address) Mill Spring 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 Mill Spring Cem
DATE OF BURIAL 9-1 1930
20. UNDERTAKER None
ADDRESS