

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

Do not use this space.

33824

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Madame Primary Registration District No. 5180
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 23

2. FULL NAME

Alpine Mueller
(a) Residence, No. Shawmutown, MO 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 Louise Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
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) Germany

13. NAME August Mueller

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

15. MAIDEN NAME Augusta Bittel

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

17. INFORMANT (ADDRESS) Martin Lorey Shawmutown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawmutown, Mo DATE Oct 16 1931

19. UNDERTAKER (ADDRESS) McComb Funeral and Co. Shawmutown, Mo

20. FILED Oct 16 1931 G. J. Schoss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from August 4 1931, to Oct 14 1931

I last saw him alive on August 4 1931. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the lower jaw.

Other contributory causes of importance: 4510

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Ad. Playlock (Signed) _____ M. D.

(Address) Cape Girardeau, MO

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.

NOV 23 1931

