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 24 1931

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

Do not use this space.

File No. 34106

Registered No. 47

1. PLACE OF DEATH
County Franklin
Township Boles
City Pacific, Mo. (No. , St. Ward)

Registration District No. 293.
Primary Registration District No. 541.

2. FULL NAME ALBERT H. MUELLER

(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 62 yrs. mos. 26 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 XXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	✓	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Mo.

FATHER
13. NAME William Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lizette Halbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lena Mueller
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL Home Burial Ground
PLACE Pacific Mo. DATE Oct 17, 31 19

19. UNDERTAKER John A. Thiebes
(ADDRESS) Pacific Mo.

20. FILED Oct. 16, 1931 Hele M. Shelton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10/31, 1931, to 10/14, 1931

I last saw him alive on 10/14, 1931. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

	Date of onset
Cancer of stomach	
No	
4	
6	
8	

Other contributory causes of importance: none

Name of operation none 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) D. E. Williams, M. D.
(Address) Union Mo.