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.

NOV 5 '31

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

Do not use this space.

35201

Registration District No. 632

Primary Registration District No. 4382

File No.

Registered No.

1. PLACE OF DEATH

County: Ripley

Township: Thayer

City: Thayer (No. , St. Ward)

2. FULL NAME: Samuel Marshall Mucks

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Dolly Stickum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-10-1858

7. AGE: Years 73 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney.

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: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Ill.

FATHER

13. NAME: Wm G. Mucks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Mary Shawsbury.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Will Mucks

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Thayer Mo. DATE: 11-1st 1931

19. UNDERTAKER (ADDRESS): Leo Carr

20. FILED: Nov 4, 1931 C. Rhea, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-29-31

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.

I last saw him alive on , 19. Death is said to have occurred on the date stated above, at about 10:00 a.m.

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

| | Date of onset |
|---|---|
| Acute Dilitation of Heart. | |
| QSB | |

Other contributory causes of importance:

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?

If so, specify

(Signed) Leo Carr Coroner, M. D.

(Address) Thayer