

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

Do not use this space.

697

1. PLACE OF DEATH
37 County Cassonade Registration District No. 303
2 Township _____ Primary Registration District No. 4182
6 City Herrman Mo (No. _____) St. _____ Ward _____

2. FULL NAME Julia Mundviller
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Mundviller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15-1860
7. AGE YEARS 71 MONTHS 0 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Herrman Mo
13. NAME Master Scheuster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrman Mo
15. MAIDEN NAME Auna Baur
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Geo Mundviller
18. BURIAL, CREMATION, OR REMOVAL PLACE Herrman Mo DATE 1/7/32
19. UNDERTAKER (ADDRESS) H. Ruediger
20. FILED 1-4 1932 Anna Kitchey Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1932, to Jan. 4, 1932
I last saw h. w. alive on Jan. 3, 1932. Death is said to have occurred on the date stated above, at 5:16 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset _____
Other contributory causes of importance: 82A J. J. A.
8. Name of operation _____ 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 _____ (3)
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. A. Peter MO
(Address) Herrman, 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.

MO 24 1932

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