

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

Do not use this space.

18504

JUN 27 1932

PLACE OF DEATH

County Warren Registration District No. 884
Township Charrette Primary Registration District No. 6176
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Michael 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 41 yrs. 4 mos. 4 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 (insert the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Johanna Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 29

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

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) 2-2 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Gus. H. Mueller
Hoboken Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holston DATE May 9, 1932

19. UNDERTAKER (ADDRESS) Fred W. Lichtemberger
Martha Cavell
Mo.

20. FILED May 8, 1932 John Registrar.

OCCUPATION
FATHER
MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to May 7, 1932. I last saw him alive on May 7, 1932. Death is said to have occurred on the date stated above, at 9.9 a.m.

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

467
Metastatic carcinoma
of esophagus
Other contributory causes of importance: Chronic myocarditis
1931

Date of onset
1929

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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) Walter H. Schmidt, M. D.
(Address) Walthamville Mo.

