

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

Do not use this space.

38255

1. PLACE OF DEATH

County Atchison Registration District No. 20
Township Tarkio Primary Registration District No. 5027
City Tarkio (No.) St. Ward)

2. FULL NAME

Christina Margaret Lynn M. Muller
(a) Residence. No. Tarkio Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Band M. Muller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-8-1879

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>10</u>	<u>17</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 1

10. NAME OF FATHER Charles Geo. & Lynn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Piddick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada (STATE OR COUNTRY)

14. INFORMANT Band M. Muller (Address) Tarkio, Mo.

15. File No. 2632 Overbaugh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Dec 25, 1932 that I last saw him alive on Dec 19, 1932, and that death occurred, on the date stated above, at 10:10 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia & Influenza

(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) 11/11 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Overbaugh M. D.

(Address) Tarkio Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, State (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tarkio Home Cemetery DATE OF BURIAL Dec 27 1932

20. UNDERTAKER J. M. Davis ADDRESS Tarkio 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.

JAN 21 1933

