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.

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

Do not use this space.

39903

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 0002
City K.C.Mo. (No. 7538 Penn St. Ward)

File No.
Registered No. 4911

2. FULL NAME Mrs. Dorothy M. Mueller
(a) Residence, No. 7538 Penn St., 8 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. 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 Martin C Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1912

7. AGE Years 20 Months 5 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Missouri 1

FATHER
13. NAME John Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Mammie Welsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Martin C. Mueller 7538 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meta, Mo. DATE 12-23-32, 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc K.C.Mo.

20. FILED 12/22 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 21, 1932
I last saw her alive on Dec 21 10:50 AM Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset Dec 2, 1932
11B
79A
11B

Other contributory causes of importance:
Streptococci Meningitis — Dec 20

8 (1)
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? No
If so, specify .....
(Signed) S. W. Fair, M. D.
(Address) 404½ W 75th K C Mo