

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

Do not use this space.

30284

**1. PLACE OF DEATH**

County Waller Registration District No. 561  
 Township Franklin Primary Registration District No. 5756  
 City Eldon Mo (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

**2. FULL NAME**

J. Mueller - 5521 A Palm St.  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. St Louis mo  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mueller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 - 1904</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>10</u>	DAYS <u>29</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter Paper Hanger</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis mo</u>		
FATHER	13. NAME <u>August Mueller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Christine Scholt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mrs J Mueller</u> (ADDRESS) <u>St Louis. mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis. mo</u> DATE <u>10-4</u> 19 <u>33</u>		
19. UNDERTAKER <u>D. C. Ayers</u> (ADDRESS) <u>Eldon, Mo.</u>		
20. FILED <u>10-4</u> 19 <u>33</u> <u>Belle Haynes</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1933

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

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
accidental drowning in Lake of Osage  
182 Miller Co. Mo  
 Date of onset Sept 27, 1933

Other contributory causes of importance:  
Body recovered Oct 4, 1933  
 Date of \_\_\_\_\_ 19\_\_\_\_

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? accident Date of injury 9-27- 1933  
 Where did injury occur? Lake of the Osages Mo.  
 (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) John R. Ellison x. D. O  
 (Address) Eldon Mo  
Miller Co Coroner.

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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