

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.

NOV 10 1933

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

Do not use this space.

34105

1. PLACE OF DEATH
 83 County Platte Registration District No. 694
 4 Township Platte City Primary Registration District No. 4418
 3 City Platte City No. _____ Registered No. 30
 2. FULL NAME Georgia A. Muddock St. _____ Ward _____
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joel Coleman Muddock</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16th - 1862</u>				
7. AGE		YEARS	MONTHS	DAYS
		<u>71</u>	<u>8</u>	<u>24</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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) Kansas

13. NAME William H. Cook

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

15. MAIDEN NAME Malinda Jane Lollar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Missouri

17. INFORMANT (ADDRESS) Mrs Thomas Berry Platte City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City Mo DATE Oct 12 1933

19. UNDERTAKER (ADDRESS) Luzian Davis Dearborn Mo.

20. FILED Oct-13 1933 May B. Knight Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Oct 10 1933
 I last saw him alive on Oct 10 1933 Death is said to have occurred on the date stated above, at 4:40 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis
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 131
 Other contributory causes of importance:
 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?
 If so, specify _____
 (Signed) Wilson Murray M. D.
 (Address) Platte City Mo

