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.

39705

File No. .....

Registered No. 91

JAN 26 1934

36 8 7

1. PLACE OF DEATH

County: Franklin — Registration District No. 297

Township: Washington — Primary Registration District No. 3016

City: Washington (No. ....., ... St. ..... Ward)

2. FULL NAME: Sophia Mueller

(a) Residence, No. West Ninth St., ... St., ... Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 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: Ernst Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 6, 1869

7. AGE: Years 64 — Months 0 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year): 1-7-30

11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dutzow, Missouri

FATHER

13. NAME: John Henry Riefenberg

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

MOTHER

15. MAIDEN NAME: Catherine Wilhelmina Kraemer

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

17. INFORMANT (ADDRESS): Ernst Mueller, W. Ninth St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL: St. Peters Cemetery, Washington, Mo. DATE 12/31 1933

19. UNDERTAKER (ADDRESS): Otto & Co., Washington, Mo.

20. FILED Dec. 30, 1933 H. A. May, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Dec 28, 1933, I last saw her alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 3:00 P m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1-7-30
Other contributory causes of importance:	12-25-33

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — 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) R. R. Cutler, M. D.

(Address) Washington Mo

Franklin
Washington
Washington

Sophia Mueller
West Ninth St.,

20 0 0

Female White Married

Ernst Mueller

Dec. 6, 1869

64 0 22

Housewife

Housewife

Ditmow,
Missouri

John Henry Riefenberg
Germany

Catherine Wilhelmina Kraemer
Germany

Ernst Mueller
W. Ninth St., Washington, Mo.

St. Peters Cemetery 12/31 22
Washington, Mo.
Otto & Co.
Washington, Mo.