

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

Do not use this space.

40837

JAN 26 1934

72 1. PLACE OF DEATH
6 County New Madrid
3 Township Worhouse
City Worhouse (No. 11357)

Registration District No. 603
Primary Registration District No. 1794

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME Janis Muller
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME J. Young

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

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Wm. Neakley
(ADDRESS) Worhouse

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanton DATE 7/2/18 33
19

19. UNDERTAKER S. A. Dwyer
(ADDRESS) Stanton

20. FILED 12-18, 1933 John J. Karmak
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1933
22. I HEREBY CERTIFY, That I attended deceased from 12-1-1933 to 12-17-1933
I last saw her alive on 12-17-1933 Death is said to have occurred on the date stated above, at 3:37 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset 930
Other contributory causes of importance: 97
Arterio Sclerosis

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? No Date of injury None
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. A. Gaver, M. D.
(Address) Worhouse 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.

