

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.

81
2
4
FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Phelps
Township Rolla
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. 6035
Registered No. 00 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Florence Vetta Muller

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 9 26

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.
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) Leasburg Missouri

13. NAME Frank Innis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasburg Missouri

15. MAIDEN NAME Mint Roy

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

17. INFORMANT (ADDRESS) Harrison Muller Atleville #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon DATE Feb 4 1934

19. UNDERTAKER (ADDRESS) Elbert Brown No Bourbon Mo

20. FILED Feb. 4 1934 Joe J. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1934 to February 2, 1934
I last saw her live on February 2, 1934 Death is said to have occurred on the date stated above, at 3:07 a.m.

The principal cause of death and related causes of importance were as follows:

Purpural sepsis

Other contributory causes of importance:

Infant

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) W. J. Taylor, M. D.
(Address) Rolla Mo

