

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

Do not use this space.

**1. PLACE OF DEATH**

County Lafayette  
Township Dennis  
City Higginsville (No. ...., St. .... Ward)

Registration District No. 460  
Primary Registration District No. 4274

File No. 20978  
Registered No. 42

**2. FULL NAME** Albert William Mueller

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) #####

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #####

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 4 min.

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. #####  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Higginsville, MO. (STATE OR COUNTRY)

FATHER 13. NAME Charles A. Mueller

14. BIRTHPLACE (CITY OR TOWN) Lexington MO. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice A Rearden

16. BIRTHPLACE (CITY OR TOWN) Lafayette County MO. (STATE OR COUNTRY)

17. INFORMANT Martha A. Mueller (ADDRESS) Higginsville, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE 6/20-1934

19. UNDERTAKER Joseph McCreeshoy (ADDRESS) Higginsville, MO.

20. FILED July 1 19 1934 W. E. Meek Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-19-1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 1934, to June 19 1934. I last saw him alive on June 19 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Other contributory causes of importance:  
159 159

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 War Machine (Signed) W. E. Meek M. D.  
(Address) Higginsville Mo.

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.

JUL 13 1934

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