

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

Do not use this space.

27960

1. PLACE OF DEATH

County Stoddard
Township Castor
City (No.) (St. Ward)

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.

2. FULL NAME

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Sarah A. Muger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-6-1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edie Co. Mo

FATHER 13. NAME Benjamin Muger

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME —

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT E. J. Muger
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield DATE 7-26-34

19. UNDERTAKER Edward Ford
(ADDRESS) Bloomfield Mo.

20. FILED Aug 14 1934 Edie Ford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-1934
I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 24 1934
I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Gastric Cancer
4 1/2 H to 6
Other contributory causes of importance:
malarial fever

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? No
If so, specify

(Signed) Edward Ford, M. D.
(Address) Bloomfield 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.

AUG 14 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

