

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.

MAY 29 1935

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

Do not use this space.

13365

1. PLACE OF DEATH

County Laclede Registration District No. 449
Township Libanon Primary Registration District No. 5609
City (No.) St. Ward

2. FULL NAME W^m Ward Muller

(a) Residence, No. St. Ward. (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 W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Muller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1845
7. AGE YEARS 89 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Callaway Co Mo
13. NAME James R Muller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT L. D. Miller
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bales DATE 4/19 35

19. UNDERTAKER W. E. Holman
(ADDRESS) Libanon Mo

20. FILED 4/20 1935 J. A. M. Cobb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on April 17, 1935 Death is said to have occurred on the date stated above, at 4:00 a. m.

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

Cerebral Hemorrhage Date of onset 4-12-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) W. A. Hamilton, M. D.
(Address) Libanon, Mo.

