

AUG 20 1935

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

Do not use this space.

-23097

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Pear Primary Registration District No. 1002
City Camas City (No. 122 General Hosp) St. _____ Ward _____

File No. _____

Registered No. 2838

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2801 Olive 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1885

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>8</u>	<u>28</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. W.

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) Mo13. NAME Thos. G. Crotty14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Barbara Goodrich16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Harry G. Mueller
2801 Olive18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7-15-3519. UNDERTAKER (ADDRESS) Mr C. P. Forster
918 E. 3rd St20. FILED July 14 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 193522. I HEREBY CERTIFY, That I attended deceased from 7-11 1935 to 7-13 1935I last saw him alive on 7-13 1935 Death is saidto have occurred on the date stated above, at 3:15 PM

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

Date of onset

Arthritis deformansChronic myocarditisChronic nephritis13/1

Other contributory causes of importance:

Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) G. H. Bennett M. D.(Address) 122 General Hosp

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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director