

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

DEC 12 1935

37557

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. City St. Joseph

City H 11511

(No. City St. Joseph)

File No.

Registered No. 9525

St. Ward)

2. FULL NAME

(a) Residence, No. John G. Muth (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1935, to 11-11, 1935

I last saw him alive on 11-16, 1935. Death is said to have occurred on the date stated above, at 11:30

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1867

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68-9 29

Non OB non calculous

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superior Box
10. Date deceased last worked at this occupation (month and year) 2-1-35
11. Total time (years) spent in this occupation

Renal calculi
ruptured bladder
Nephritis due to Hypertrophy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance: of prostate

13. NAME Unknown

ruptured bladder due to hypertrophy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

of hypertrophy for

15. MAIDEN NAME Unknown

Name of operation Date of

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis? Was there an autopsy? Yes

17. INFORMANT 266 Superior Box City St. Joseph

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury? 1935

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory Nov 14, 1935

Where did injury occur? (Specify city or town, county, and State)

19. UNDERTAKER W. W. Laughlin 2301 Lafayette St. St. Joseph

Specify whether injury occurred in industry, in home, or in public place.

20. FILED NOV 14 1935 J. B. Beck Registrar

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. King M. D.

(Address) City St. Joseph

