

MAR 16 1936

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

Do not use this space.

4448

1. PLACE OF DEATH

County LudwinRegistration District No. 26Township Scott RiverPrimary Registration District No. 3004City Mexico Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 312. FULL NAME Anna Mueller(a) Residence, No. Mexico Mo. R 7, S, #2 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF August Mueller6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 = 1894

7. AGE

YEARS 38MONTHS 11DAYS 14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Luxemburg Germany13. NAME Peter Mueller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME D. M.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. C. H. Harris(ADDRESS) Mexico Mo. R 7, S, #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Mo. DATE 2-11-193619. UNDERTAKER M. R. Redes(ADDRESS) Mexico Mo.20. FILED Feb 16 1936

DATE

1936Blanche Reely

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 - 193622. I HEREBY CERTIFY, That I attended deceased from Jan 19th to Feb 9 1936Last saw him alive on Feb 9 1936 Death is saidto have occurred on the date stated above, at 11:30 p.m.

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

Angina Pectoris Date of onset _____Arterio Sclerosispulmonary Tuberculosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) M. R. Redes, M. D.(Address) Mexico Mo.

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.

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1938

1849

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