APR 15 1936

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

Do not use this space.

9477

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85

Township WASHINGTON — Primary Registration District No. 1001

City ST. JOSEPH, (No. 3114 LAFAYETTE St. Ward)

File No.

Registered No. 486

2. FULL NAME PAULINE MAGRETTA MUTH

(a) Residence, No. 3114 LAFAYETTE 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIF. OF W.P.MUTH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 9, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	8	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

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) WAUKAN, IOWA

FATHER

13. NAME PETERSON

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

MOTHER

15. MAIDEN NAME KARINA VOLL PETERSON

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

17. INFORMANT (ADDRESS) W.P.MUTH

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMO. PARK DATE April 2, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN

20. FILED 4 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 31, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936, to March 30, 1936

I last saw h ER alive on March 30, 1936. Death is said to have occurred on the date stated above, at 8:00 m. AM

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

Chronic Rheumatism — Date of onset
Artheritis Deformans
57 N

Other contributory causes of importance:
Gangrene of Feet

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) Charles H Werner, M. D.

(Address) 410 Kirkpatrick Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 486
City St Joseph (No. , St. Ward)

2. FULL NAME Pauline Magretta Muth
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

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

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

7. AGE — YEARS: 61 — MONTHS: 8 — DAYS: 22 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4/2, 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
57 W	
May 16-1936	

Other contributory causes of importance:
Gangrene of Feet
arteriosclerosis
Endarteritis Obliterans

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?
If so, specify
(Signed) Chas H. Werner, M. D.
(Address) 460 Kirkpatrick Bldg St Joseph Mo

SUPPLEMENTARY

S-9477