

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.

SEP 28 1936

31906

1. PLACE OF DEATH

County Perry Registration District No. 657
Township Bellevue Primary Registration District No. 4393
City Attenburg (No. _____) St. _____ Ward _____

File No. 13
Registered No. 13

2. FULL NAME

Mrs. Edise H. Mueller, Attenburg Mo

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Marlin H. Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1888

7. AGE YEARS 78 MONTHS 1 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. 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) Uniontown Mo

MOTHER 13. NAME Hilma Brandes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover Germany

15. MAIDEN NAME Maria Baumann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover Germany

17. INFORMANT R. E. Muller (ADDRESS) Attenburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Attenburg Cemetery DATE Aug. 22 - 1936

19. UNDERTAKER Condy & Finnick (ADDRESS) Attenburg Mo.

20. FILED 8-21 - 1936 Ralph E. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21-1936 to 8-19-1936

I last saw her alive on 8-19-1936 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:

Endocarditis Chronic Date of onset 7-21-36

Other contributory causes of importance:

General Dropsy

Name of operation none 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) G. P. Palisch, M. D.
(Address) Attenburg Mo.

