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.

NOV 20 1936

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

Do not use this space.

36752

File No. 1280

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 55

Township Washington — Primary Registration District No. 1001

City St. Joseph (No. 2622 Folsom Street St. Ward)

2. FULL NAME Mrs. Rosa Mueller,

(a) Residence, No. 2622 Folsom St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- John George Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	76	10	1	

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) Berne, Switzerland

FATHER

13. NAME UNKNOWN Hofer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

MOTHER

15. MAIDEN NAME Elizabeth Kroughe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, Switzerland

17. INFORMANT (ADDRESS) Mrs. C. R. Omo, 2622 Folsom Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE October 12, 1936

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED Oct 12, 1936 H. J. Nesstebusch By J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Oct, 1936

I last saw her alive on 10.10.36 19 Death is said to have occurred on the date stated above, at 1:30 P m.

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

	Date of onset
Carcinoma of Gall bladder	Aug 1936

Other contributory causes of importance:

Myocardial degeneration	Sept 1936

Name of operation none Date of 0

What test confirmed diagnosis? Clin Was there an autopsy? 0

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? 0

If so, specify

(Signed) J. A. Ryan, M. D.

(Address) St. Joseph Mo.

NOV 2 1945