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.

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No. 36848

Township Washington — Primary Registration District No. 5127 — Registered No. 83

City ~~St. Joseph~~ (No. R.F.D. No 2 St. Ward)

2. FULL NAME Sophia Marie Muff

(a) Residence, No. R.F.D. No 2 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1879

7. AGE: YEARS 56 — MONTHS 10 — DAYS 10 — 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) Oct 36
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Jacob Straub
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown Miaer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Christian Muff R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE Oct 26 1936 19

19. UNDERTAKER (ADDRESS) Barry Wyslie 218 Sol

20. FILED Oct 26 1936 B. W. Tadlock M.D. MH. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Oct 23, 1936
I last saw her alive on Oct. 23, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset (?)

Other contributory causes of importance:
Arterio-sclerosis general (?)
Hypertension (?)

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) H W Carter M.D.
(Address) 301 Phy & Surg Bldg St. Joseph Mo