

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Franklin Perry
Township Union
City Franklin Mo. (No. _____)

Registration District No. 969
Primary Registration District No. 5877

File No. 17201
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs. Emma Mueller
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE av. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 28, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4 - 24 - 1937, to 4 - 28 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 - 1861

I last saw her alive on 4 - 24 - 1937. Death is said to have occurred on the date stated above, at 11 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 5 23

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

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

Apoplexy Date of onset 4 - 24 - 37

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 life

Other contributory causes of importance: Deformity of old age

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

13. NAME Georg Thomas

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Sophia Beakler

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Ernest Mueller
(ADDRESS) same as above

Specify whether injury occurred in industry, in home, or in public place. →

18. BURIAL, CREMATION, OR REMOVAL PLACE same as above DATE May 1, 1937

Manner of injury none
Nature of injury _____

19. UNDERTAKER Younger Sons
(ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED 5-3-37 Ben Halter Registrar.

(Signed) E. Palisch, M. D.
(Address) Franklin Mo.

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

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11/11/91