

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

Do not use this space.

MAY 31 1937

17722

1. PLACE OF DEATH

County Scott Registration District No. 819
 Township Remersee Primary Registration District No. 6666
 City Elmo Mo (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Blisslet M. Muebach
 (a) Residence, No. Elmo Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/1937

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Herman M. Muebach

22. I HEREBY CERTIFY, That I attended deceased from 1/19/1936 to 4/19/37

I last saw her alive on 4/18/37, 19____. Death is said to have occurred on the date stated above, at 10:58 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1862

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

7. AGE YEARS 75 MONTHS 1 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

myocarditis

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 _____

Other contributory causes of importance: Hypertension, Diabetes, anasarca

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

13. NAME Louis Nicht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Herman M. Muebach (ADDRESS) Elmo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aulahan DATE 4/21 1937

19. UNDERTAKER Charles J. Hubbard (ADDRESS) Elmo, Missouri

20. FILED 423 1937 6 Ed. H. H. H. Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? B.P. 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. E. Lee, M. D.
 (Address) Elmo Mo

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

OCCUPATION
FATHER
MOTHER

MAY 6 1947