

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 60184

File No. 21211
Registered No. 96

(near) City Farmington, Mo. (No. 4) St. 1 Ward

2. FULL NAME Bertha Mueller

(a) Residence, No. Herman, Mo. St., 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>61</u>	<u>5</u>	<u>29</u>	

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) Herman
(STATE OR COUNTRY) Missouri

13. NAME Frank Kuhn

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

15. MAIDEN NAME Mary Faver

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman DATE June 1 1937

19. UNDERTAKER B. N. Neudiger
(ADDRESS) Herman, Mo.

20. FILED 6/1/37 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937 to May 29th, 1937

I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 4:00 p. m.

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

Myocardia Date of onset 1932

Other contributory causes of importance:

Schiz. mening.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify: Paul J. Schade, M.D.

(Signed) Faver (Address) Herman, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated in FULL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

