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.

AUG 23 1937

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

Do not use this space.

27176

File No.
Registered No.

1. PLACE OF DEATH
County Gasconade Registration District No. 303
Township Primary Registration District No. 4182
City Hermann (No. St. Ward)

2. FULL NAME Mary Anna 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	9	27	

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) Hermann Mo

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

MOTHER
15. MAIDEN NAME Catherine Kirchner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Mueller

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE July 9 - 1937

19. UNDERTAKER (ADDRESS) E. R. Ruedig

20. FILED 7-7, 1937 Anna K. Kirkhoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 6, 1937
I last saw her alive on July 6, 1937. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

59

Other contributory causes of importance:

Nephritis Chronic

Name of operation — Date of —
What test confirmed diagnosis? — 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) Howard Workman M. D.
(Address) Hermann Mo