

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 303
Township Kan Primary Registration District No. 203
City Kansas City (No. 203)

File No. 5598
Registered No. 664
St. _____ Ward _____

2. FULL NAME

George Muehr 600
(a) Residence, No. 521 Bales St. 2nd Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 7

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

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) ? Missouri

13. NAME George Muehr

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

15. MAIDEN NAME Harriett Link

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. Mable Muehr
(ADDRESS) 521 Bales, ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 2-10-38

19. UNDERTAKER Mrs. L. L. Foster
(ADDRESS) 918 Brooklyn, ave.

20. FILED 29 1938 M. M. Crowe, reg.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1938 to 2-8, 1938

I last saw him alive on 2-8, 1938 Death is said to have occurred on the date stated above, at 8:10 am

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

Cerebral Hemorrhage Date of onset

82a

Other contributory causes of importance:

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? _____
If so, specify _____

(Signed) O. F. De Maria M. D.
(Address) Dept 203 Gen Hosp 723rd

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.

