OCT 25 1938

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

Do not use this space.
32998 263

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Primary Registration District No.: 3032
File No.: [illegible]
Registered No.: 668
City: Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME: Mable Margaret Mueller
(a) Residence, No. 1403 E. 10th 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 28, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Versailles Mo 0

FATHER
13. NAME: Avery Shores 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan County Mo. 0

MOTHER
15. MAIDEN NAME: Clara Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield, Mo.

17. INFORMANT (ADDRESS): Herman Mueller, Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Sept. 5, 1938

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia, Missouri.

20. FILED: Sept 3, 1938 Jesse Clark, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to Sept 2, 1938
I last saw her alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Convulsions (due to pregnancy)	Sept 1 1938
Other contributory causes of importance: Albuminuria	August 1938

Name of operation: Caesarean section Date of: Sept 1 1938
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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: None
(Signed) [illegible], M. D.
(Address) Sedalia Mo

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.

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trict File Number 10/10/38
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