WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

LEC'D NOV 3 1938

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

Do not use this space.

1. PLACE OF DEATH
County Crawford — Registration District No. 230 — File No. 35509
Township Benton — Primary Registration District No. 5312 — Registered No.
City Cuba (No. ..... St. ..... Ward)

2. FULL NAME 412 Martin C. Muehlbach
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Muehlbach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th 1876
7. AGE YEARS 61 MONTHS 9 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
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) Cape Girardeau Missouri

FATHER
13. NAME Charles Muehlbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessen Germany

MOTHER
15. MAIDEN NAME Johanna Schrader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

17. INFORMANT (ADDRESS) Mrs. Emma Enderlin Cuba, Route 3, Mo.
18. BURIAL, CREMATION, OR REMOVAL St. Louis, Mo. Valhalla Crematory DATE Sept. 19th 1938
19. UNDERTAKER (ADDRESS) Jas H. Hollow Cuba, Mo.
20. FILED Oct. 5 1938 G. G. A. Herzog Registrar. 7206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16th 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1938, to Sept 16, 1938
I last saw him alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 8:50 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance: Coronary Sclerosis	1937

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) L. B. Couch, M. D.
(Address) Cuba Mo