OCT 12 1939

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

31813
Do not use this space.

1. PLACE OF DEATH
(a) County Benton
(b) Township
(c) or City Cole Camp
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 59
Primary Registration District No. 4034
Registered No. 21

2. PRINT FULL NAME 460 Peter Gottlieb Muller
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Emelie K Meuchke Muller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1864
7. AGE YEARS 75 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-18-39
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Creek Missouri

FATHER
13. NAME Dietrich Muller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Creek Missouri

MOTHER
15. MAIDEN NAME Catharine Brase
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germnay

17. INFORMANT (ADDRESS) Earnest Muller Cole Camp Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Lutheran DATE 9-20-1939, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Eickhoff Cole Camp Mo
20. FILED 9-19-, 1939 Sue Selover *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1939, to 9-18-, 1939
I last saw him alive on 9-17-, 1939. Death is said to have occurred on the date stated above, at 7:10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-3-39

Other contributory causes of importance:

Name of operation None Date of
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? 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) H P Yeatin, M. D.
(Address) Cole Camp, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1412
Date Filed 10-10-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.