

REC'D MAR 19 1941

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

Do not use this space.

7747071

1. PLACE OF DEATH

County Ozage
Township Jackson
City Keokuk (No. _____ St. _____ Ward _____)

Registration District No. 641
Primary Registration District No. 5850

File No. _____
Registered No. _____

2. FULL NAME

Mrs Mary Muff, widow of John Muff, deceased.
(a) Residence, No. Keokuk St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1855

7. AGE YEARS 85 MONTHS 10 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife only

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 all her life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Mo.

13. NAME Frank Balkenbusch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, Europe

17. INFORMANT (ADDRESS) Joseph G. Muff, Ozage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk DATE Feb 13 1941

19. UNDERTAKER (ADDRESS) Martow Funeral Home, Keokuk, Mo.

20. FILED Feb 11 1941 Robert Crater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 to Feb 10, 1941
last saw her alive on Jan 31, 1941. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

General Debility
Myocardial Infarction
Septicemia
Ataxia

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. G. Muff, M. D.
(Address) Ozage, 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.

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

