

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.

101043

FILED MAR 13 1946

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

Do not use this space.

1. PLACE OF DEATH

County ScotlandRegistration District No. 326

Township

Primary Registration District No. 4482City Memphis (No. 1)File No. 8182Registered No. 12

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Effie P. Muir 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Joseph Muir6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 - 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 72 11 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Canton, Ill.13. NAME Joseph Russell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Sarah Bomgar16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Milven Bunderhall Memphis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Mo. DATE Nov. 20 194519. UNDERTAKER (ADDRESS) Leath & Paschall Memphis, Mo.20. FILED Mar. 4 1946 Mrs. E. E. Parnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 194522. I HEREBY CERTIFY, That I attended deceased from July 5 1945 to Nov 18 1945I last saw her alive on Nov 18 1945 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Date of onset

Chronic Myocarditisarteriosclerosis

Other contributory causes of importance:

Name of operation 432 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) V. M. Leath M. D.(Address) Memphis, Mo.

RECEIVED

District Health Officer No. 10

District File Number 3-46-420

Date Filed MAR 11 1946

Fred Lutz A 4250

Memphis, Mo.