

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

Do not use this space.

17328

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**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St Joseph (No. Missouri Methodist)

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 626  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Fillmore, Mo.  
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .1 hrs. or . min.

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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Muller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cordella Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

14. INFORMANT Robert Muller  
Address Basendale Mo

15. FILED 13 1929  
John G. Wt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13th 1929 to May 13th 1929 that I last saw her alive on May 13th 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

159 Pneumonia  
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) 16W  
(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Al Gray M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fillmore, Missouri DATE OF BURIAL May 14 1929

20. UNDERTAKER Flourence Funeral Home 1228 Francis ADDRESS \_\_\_\_\_

JUN 2 1929

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.

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