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.

OCT 28 1932

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

Do not use this space.

29857

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 592 — File No.

Township Montgomery — Primary Registration District No. 5720 — Registered No.

City ~~High Hill Mo~~ (No. , St. Ward)

2. FULL NAME William Mueller

(a) Residence, No. High Hill Mo, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): Un Known

7. AGE: YEARS 47 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
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): Germany 10

FATHER

13. NAME: Un Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known 310

MOTHER

15. MAIDEN NAME: Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): A.H. Neimeyer High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery DATE 9/27/32 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins Montgomery City Mo

20. FILED 10-10 1932 D. J. Beulley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26 th 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held, Inquest, Verdict, Justifiable, 19 ~~I last saw it alive on~~ Homicide 9/27, 1932 Death is said to have occurred on the date stated above, at 7:00 PM.

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

Gun Shot in right side
Shot fired by A.H.Neimeyer
In home of said Neimeyer
About 1 mile east of High,
Hill Montgomery Co.Mo.

Date of onset

Other contributory causes of importance:

none other thana bove related

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/26, 1932

Where did injury occur? 1 mile East High Hill Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in home of A.H.Neimeyer

Manner of injury Gun shot

Nature of injury Gun Shot fatal

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) James F Bale J.P. acty coroner ~~M.D.~~

(Address) Montgomery City Mo.