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.

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

Do not use this space.

35196

27
2
4

1. PLACE OF DEATH
County Cooper. Registration District No. 218
Township ..... Primary Registration District No. 3015
City Boonville (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 111

2. FULL NAME Mrs. Sophie Muehlschuster.
(a) Residence, No. 410 E. Spring 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10th. 1853

7. AGE: Years 79 | Months 5 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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) Cooper Co. Mo.

FATHER
13. NAME Leonard Klein.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER
15. MAIDEN NAME Margaret Becker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs. R. G. Hadelich.
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
PLACE Walnut Grove Cem. DATE Nov. 18th 1932

19. UNDERTAKER Goodman & Boller.
(ADDRESS) Boonville Mo.

20. FILED Nov 17 1932 G. A. Russell — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1932 to November 16, 1932
I last saw h.. alive on November 16, 1932 Death is said have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	Nov 12 1932
104 / 108	
Other contributory causes of importance:	

(3)

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) A. B. Carter D.O. ~~M.D.~~
(Address) Boonville