

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

Do not use this space.

22281

1. PLACE OF DEATH

County Benton Registration District No. 59
Township Williams Primary Registration District No. 4034
City Cole Camp (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 24

2. FULL NAME Gerd Muller

(a) Residence, No. _____ 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 Male 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1861
7. AGE 71 YEARS 6 MONTHS 29 DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Farmer
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) Cole Camp (STATE OR COUNTRY) Missouri

13. NAME Gerd Muller

14. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sophia Bleideser

16. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

17. INFORMANT Ed Muller (ADDRESS) 2838 Euclid Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 7-11-1933

19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo

20. FILED Aug 1 1933 Harry Bay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1933 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1933 to 7-9-1933
I last saw him alive on 7-9-1933. Death is said to have occurred on the date stated above, at 6:45 P M

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

Pericious Anemia
710
710

Other contributory causes of importance: _____

Name of operation Microscope Date of _____
What test confirmed diagnosis Microscope 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) E L Eickhoff M. D.
(Address) Cole Camp Mo

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.

