

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

Do not use this space.

**1. PLACE OF DEATH**

County Moniteau  
Township Wichita  
City California (No. ....)

Registration District No. 571  
Primary Registration District No. 4335

File No. 35070  
Registered No. 46  
St. .... Ward)

**2. FULL NAME**

Samuel Mueller

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Magdalena

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 9 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work retired chemist  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Cantonery Switzerland  
(STATE OR COUNTRY)

10. NAME OF FATHER Geert Mueller

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

14. INFORMANT Dr. Charles W. Rohrbach  
(Address) California St.

15. FILED Oct. 19, 1931 Joe N. Roth REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18<sup>th</sup> 1931

17. I HEREBY CERTIFY That I attended deceased from Three 15<sup>th</sup> 1931 19... that I last saw h. .... alive on ..... 19... and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Hemorrhage of Bladder  
137 Prostatitis  
135B (duration) .... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 137 (duration) .... yrs. .... mos. .... da.

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

8 DID AN OPERATION PRECEDE DEATH. .... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) L. M. Gray M. D.  
Oct 18, 1931 (Address)

\*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 Rohrbach cemetery DATE OF BURIAL Oct 20 1931

20. UNDERTAKER J. W. Williams ADDRESS California

K. 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

