Form V. S. 3

STATE OF MONTANA
Bureau of Vital Statistics
Certificate of Death

FOR INFORMATIONAL PURPOSES ONLY

File No. Bl. 162

1 PLACE OF DEATH

County Blaine Registered No.

Township or Village or

City Chinook No. St. Ward

(If death occured in a hospital or institution, give its NAME instead of street and number)

Revised United States Certificate of Death (Approved by ... Census ...)

2 FULL NAME Rosa Maria 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 occured yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. Days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (Write the word.) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1862

7 AGE	Years	Month	Days	If LESS than 1 day, hrs. or min.
	58	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Kaukauna
(State or country) Wisconsin

PARENTS

10 NAME OF FATHER Adam Mueller

11 BIRTHPLACE OF FATHER (City or Town, State or Country) Germany

12 MAIDEN NAME OF MOTHER Antonia Henry

13 BIRTHPLACE OF MOTHER (City or Town, State or Country) Germany

14 Informant Mrs. Adam Muller
(Address) Chinook

15 Filed 9-15, 1920 Julia Lidddle Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1920

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1920 to Sept. 14, 1920

that I last saw her alive on Sept. 14, 1920

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(10)

(duration) — yrs — mos. 10 ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of, —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. H. O'Malley M. D.

Sept. 15, 1920 (Address) P. H. Bently

*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. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Chinook

Date of Burial 9-16 1920

20 UNDERTAKER Herman Kupfer

ADDRESS Chinook