

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

Do not use this space.

15637  
15368

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. City Hosp)

File No. ....  
Registered No. 4599  
St. .... Ward)

**2. FULL NAME**

Anthony Musso

(a) Residence No. 2617 Cass Ave St. 20 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)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF  
(OR) WIFE OF

Anna Musso

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Not known

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

abt 32

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

Himself

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Italy

**10. NAME OF FATHER**

Anthony Musso

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Italy

**12. MAIDEN NAME OF MOTHER**

Antonetta Cotella

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

(STATE OR COUNTRY)

Italy

**14.**

INFORMANT

(Address)

Mr. Anthony Musso  
2617 Cass Ave

**15.**

FILED

19

Max C. Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4-26-28

**17.**

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw him..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gun shot wound of head  
(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

Homicide  
(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) Dr. J. M. Dever, M.D.  
9/27, 28 (Address) 1212 E. Commercial

\*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**

DATE OF BURIAL

Calvary Cemetery

4-30-28

**20. UNDERTAKER**

ADDRESS

Bennick-Nichols

1138 N. 6

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.

