8 1929
92

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

Do not use this space.

25614

1. PLACE OF DEATH
County St Charles
Township Cuivre
City Wentzville (No. ..... St. ..... Ward)

Registration District No. 760
Primary Registration District No. 5999

File No. .....
Registered No. 100

2. FULL NAME Charles Edward Musick

(a) Residence. No. Wentzville Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Flora Lee Musick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	10	11	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) not known

PARENTS
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT E A Keithly
(Address) Hallow Mo.

15. FILED 7/18, 1929 Dr. J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 17 1929

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held Inquest ....., 19....., to ....., 19.....
that ~~I last saw h.....~~ alive on 7 - 18, 1929, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental due to being struck by Wabash Train #71 Engine #2421
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 20 M ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) H E Breeding Crowe, M.D.
7, 18, 1929 (Address) St Charles Mo

*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
Linn Cem. Wentzville Mo.	7/19 1929
20. UNDERTAKER E A Keithly	ADDRESS Hallow Mo.

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.