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

Do not use this space.

739

FEB 18 1931

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township — Primary Registration District No. 4164 — Registered No. 2

City Salem (No. ..... St. ..... Ward)

2. FULL NAME Mrs Georgia A. Musgraves

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
female	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Enoch Musgraves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hoursewife
(b) General nature of industry, business, or establishment in which employed (or employer) 2
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ------ ----
(STATE OR COUNTRY) Georgia 2

PARENTS

10. NAME OF FATHER John Beaver

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

12. MAIDEN NAME OF MOTHER --- Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ---
(STATE OR COUNTRY) Georgia

14. INFORMANT Enoch Musgraves
(Address) Salem Mo.

15. FILED 1/6, 1931 W. E. Rudd. M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1931

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1930, to Jan 5, 1931, that I last saw her alive on Jan 5, 1931, and that death occurred, on the date stated above, at 8 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
131
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 10 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 finding
(Signed) Lloyd H. Hunt, M. D.
1/6, 1931 (Address) Salem 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
Blackwell Cemetary	1/6 1931
20. UNDERTAKER	ADDRESS
Carl K Spence	Salem 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.