MAR 24 1931

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

Do not use this space.

5238

1. PLACE OF DEATH
County Trundy — Registration District No. 327 — File No.
Township — Primary Registration District No. 4194 — Registered No. 1
City Galt (No. , St. Ward)

2. FULL NAME Anna V. Musgrave

(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: Female
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 R. F. Musgrave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10. 1868

7. AGE: YEARS 62 — MONTHS 4 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 235
10. Date deceased last worked at this occupation (month and year) 12-31-30
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER
13. NAME Wm Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER
15. MAIDEN NAME McQuinn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) R. F. Musgrave Galt Mo

18. BURIAL, CREMATION, OR REMOVAL Galt Mo
PLACE K of P. Cem. DATE 2-8- 1931

19. UNDERTAKER (ADDRESS) P. K. Payne & Son Galt Mo

20. FILED 2-6 1931 U. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Feb 6 - 1931
I last saw her alive on Feb 5 1931. Death is said to have occurred on the date stated above, at 4:25 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights disease — Date of onset unknown
Other contributory causes of importance: Pneumonia Lobar — Jan 1 31

Name of operation Fab. Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) U. C. Weston, M. D.
(Address) Galt, 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.

WHITE PERFECT, WITH UNFADING INK—THIS IS A PERMANENT RECORD