

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

Do not use this space.

11776

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **De Paul Hospital**) St. (Ward)

File No.
 Registered No. **3009**
 St. (Ward)

2. FULL NAME

Clmer L. Musick
 (a) Residence. No. **6310 Waterman Ave 6** Ward. **St. Louis Co. Mo**
 (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 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 Elizabeth M. Musick					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 - 1886					
7. AGE		YEARS 44	MONTHS 3	DAYS 10	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED President					
(a) Trade, profession, or particular kind of work. Missouri Stables					
(b) General nature of industry, business, or establishment in which employed (or employer) 310					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) **Forsman**
 (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Wm L. Musick**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Jella Davison**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

14. INFORMANT **Porter M. Musick**
 (Address) **6310 Waterman Ave.**

15. FILED **1919** **May C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 6 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 22**, 19**31**, to **March 6**, 19**31** that I last saw h..... alive on **Mar 6**, 19**31**, and that death occurred, on the date stated above, at **10:06 a.m.**

12413 THE CAUSE OF DEATH* WAS AS FOLLOWS:
12413 carcinoma of liver
12413 (hypertensive ulcers) (trace)

intermittent (duration) yrs. mos. ds.
 CONTRIBUTORY **hypertensive failure**
 (SECONDARY) (duration) yrs. mos. **11** ds.

18. WHERE WAS DISEASE CONTRACTED **12413**
 IF NOT AT PLACE OF DEATH **no**
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF **9/20**
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **diagnosis + Path. Exam**
 (Signed) **Frank P. Thompson** M. D.
 , 19 (Address) **3741 W. 12th St.**

*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 **Bellefontaine** DATE OF BURIAL **Mar 9 1931**

20. UNDERTAKER **Wagoner-Purd Co** ADDRESS **3621 Olive St.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

