

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

Do not use this space.

5-23-1

1. PLACE OF DEATH

County Clinton Registration District No. 207
 Township _____ Primary Registration District No. 4125-
 City Plattsburg (No. _____) St. _____ Ward _____

2. FULL NAME Nettie Musser

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry L. Musser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>2</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Mo

13. NAME John Mc Clelland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Bella Livingston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Harry L. Musser Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2nd Gen near Taylor DATE 1-25 1932

19. UNDERTAKER (ADDRESS) Nelson J. Green Plattsburg Mo.

20. FILED 1-26 1932 C. W. Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1932 Jan 23 1932
 I last saw her alive on Jan 22 1932. Death is said to have occurred on the date stated above, at 7:9 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Jan 19
108
92 / 10
 Other contributory causes of importance: Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis Plus Sputa 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? _____
 If so, specify _____
 (Signed) W. F. Stalder, M. D.
 (Address) Plattsburg Mo

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.

5-23-1
 MAY 28 1932

