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

Do not use this space.

18775

File No. .....

Registered No. 611

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ..... — Primary Registration District No. 1001

City: St. Joseph, (No. 428 No. 17th. St. St. ..... Ward)

2. FULL NAME Henry K. Musser

(a) Residence, No. 428 No. 17th. St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Belle Musser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpet Cleaner.

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

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Penn.

FATHER

13. NAME: Samuel Musser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Penn.

MOTHER

15. MAIDEN NAME: Elizabeth Kounts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Mo.

17. INFORMANT: Mrs. Mary Belle Musser
(ADDRESS) Mrs. Mary Belle 428 No. 17th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cemetery DATE June, 25, 1932

19. UNDERTAKER: Walter Moerchofer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED JUN 23 1932, 19 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 21, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from ~~June 1 Feb.~~ 1928 to June 20, 1932
Last saw him alive on June 20, 1932. Death is said to have occurred on the date stated above, at 1.00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Heart 59	Recently
R. & left Pyelitis 1931	2 years
Chronic Nephritis 1928	some yrs.
Chronic Cystitis	one year
Uremic Coma 59	June 15

Other contributory causes of importance:

Diabetes Mellitus	18 yrs.
Senility	

Name of operation: None — Date of
What test confirmed diagnosis? Clinical + pathological findings — 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) Jacob Fox, M. D.
(Address) 731 Faraon St. St. Joseph, Mo.

N. B.—Every item of information must be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.