

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

Do not use this space.

38780

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 133  
 1 Township Lawrence Primary Registration District No. 4074  
 1 City Boyard (No. .... St. .... Ward)

**2. FULL NAME**

Edward Norton Musser  
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Mrs. E. Musser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 9 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 55  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer  
 10. Date deceased last worked at this occupation (month and year) 12-5-32 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

FATHER  
 13. NAME John Musser

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

MOTHER  
 15. MAIDEN NAME E. Harpau

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

17. INFORMANT (ADDRESS) Mrs E. N. Musser Boyard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton DATE 12/17 32

19. UNDERTAKER (ADDRESS) E. A. Peterson Boyard Mo

20. FILED 12-12 1932 J. H. Anderson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5-32, 1932, to 12-10, 1932.  
 I last saw h. w. alive on 12-10, 1932. Death is said to have occurred on the date stated above, at 11:45 A. m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar  
108  
75A/O 8  
 Other contributory causes of importance: Deleterium Tremens 12/5/32

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Illness ..... M. D.  
 (Signed) J. B. Deover  
 (Address) Carrollton, 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.

JAN 22 1933

