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

Do not use this space.

File No. 29 33732

Registered No.

1. PLACE OF DEATH

County: Miller

Township: Aurora

City: Bunceton (No. ..... St. ..... Ward)

Registration District No. 565

Primary Registration District No. 576 a

2. FULL NAME: J Oliver Fred Musick

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Leona Philips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 1878

7. AGE: Years 55 55 | Months 1 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): All his life

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

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

FATHER

13. NAME: Henry Musick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER

15. MAIDEN NAME: Lucy Ellen Devore

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

17. INFORMANT (ADDRESS): Son Musick

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hawk DATE: Oct 2 1933

19. UNDERTAKER (ADDRESS): Lowry & Adams Sedalia

20. FILED: 10/2 1933 Chas. R. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933, to Oct 1 1933

I last saw h. alive on Oct 1 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Typhoid Fever	8/5/33
17 D	
18 D	

Other contributory causes of importance: Ulcers of Stomach & bowels left Lung middle lobe Cavitation & pus Expectoration

Name of operation: None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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: Stomach ulcer

(Signed) D. H. Osmer, M. D.

(Address) Tuscumbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in years, months and days. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.