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.

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

Do not use this space.

30798

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis ~~Mo~~ (No. Masonic Hosp St. ..... Ward)

File No. .....

Registered No. 8057

2. FULL NAME Mrs Armenta J Musselman

(a) Residence, No. 5351 Delmar Blvd St., 1 V Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Musselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 23-1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	5	11	

OCCUPATION

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

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

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

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Illinois

FATHER

13. NAME William King

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

MOTHER

15. MAIDEN NAME Dulcena Bartlett

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Co. Illinois

17. INFORMANT (ADDRESS) Mrs W. Waller 5351 Delmar St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin Mo DATE Aug 5 1934

19. UNDERTAKER (ADDRESS) Albert H. Happe 429 N Euclid

20. FILED AUG -6 1934 J. F. Broderick Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1933, to Aug 3, 1934

I last saw her alive on Aug 3, 1934. Death is said to have occurred on the date stated above, at 11 20 p.m.

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

	Date of onset
Cerebral hemorrhage	2 days
82A	
102	
82A	

Other contributory causes of importance:

Hypertension	2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex 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) Dolan Cameron, M. D.

(Address) 503 N. Grand Blvd

Dr Wachowiak