

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

Do not use this space.

JAN 15 1935

42417

1. PLACE OF DEATH

County Cola Registration District No. 214
 Township Moreau Primary Registration District No. 5294
 City (No.) St. Ward

File No. _____
 Registered No. 29

2. FULL NAME Alvin Musick

(a) Residence, No. Russellville, Mo. 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 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 Cora Musick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Garden Missouri

13. NAME Elias Musick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eugene Missouri

15. MAIDEN NAME Francis Farmer

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

17. INFORMANT Mrs. Cora Musick (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Hill Cem. DATE Dec. 19th, 1934

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED Dec 19 1934 Mrs. Mable Barber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 17, 1934
 I last saw him alive on Dec 13, 1934. 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:

Biliary Calculi & Shock Date of onset 12-10-34

Other contributory causes of importance:

Internal hemorrhage in gall bladder + shock

Name of operation aspiration of gall bladder Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
after death

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) J.T. Luskie, M. D.
 (Address) Russellville

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.

