OCT 30 1935

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

Do not use this space.

25368-2

1. PLACE OF DEATH
County Vernon — Registration District No. 874 — File No.
Township Harrison — Primary Registration District No. 6159 — Registered No.
City (No. , St. Ward)

2. FULL NAME John Ivan Musgrave
(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 9 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1910
7. AGE: YEARS 25 — MONTHS 5 — DAYS 13 — 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.
10. Date deceased last worked at this occupation (month and year) 7-10-1935
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Falls, Texas

FATHER
13. NAME J. H. Musgrave
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Griggsville Illinois

MOTHER
15. MAIDEN NAME Edna Wade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Griggsville, Illinois

17. INFORMANT (ADDRESS) J. H. Musgrave, Bronaugh, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Worsley Cemetery DATE July 13 1935
19. UNDERTAKER (ADDRESS) C. F. Kohantz, Lamar, Missouri
20. FILED 10-7- 1935 F. D. Combs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 1935
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Lightning	

Other contributory causes of importance:

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
(Signed) L. B. Ferry Conover Ex, M.D.
(Address) Nevada Mo

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.