

FEB 25 1937

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

Do not use this space.

43650

1. PLACE OF DEATH

County Adair
Township Benton
City Paris

Registration District No. 4
Primary Registration District No. 5a.a.5
(No. County of Adair)

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Musick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30-1875</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>6</u>	DAYS <u>28</u>
IF LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Dec 28, 1936
I last saw him alive on Dec 25, 1936 Death is said to have occurred on the date stated above, at 107 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Lobes

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) _____

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

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER

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

13. NAME Leander Musick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Lucindia King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

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 _____

17. INFORMANT Mr. Frank Gardner
(ADDRESS) Benton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond DATE Dec. 31, 1936

19. UNDERTAKER F. P. Easley
(ADDRESS) Benton, Mo.

20. FILED Jan. 6, 1937 Spencer Freeman
Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) F. B. Linnick, M. D.
(Address) Richmond, Mo.

