

APR 22 1937

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

Do not use this space.

12783

## 1. PLACE OF DEATH

County Newton 73Registration District No. 609

File No. ....

Township Neesho 40Primary Registration District No. 4963Registered No. 34City Neesho 40

St. .... Ward)

## 2. FULL NAME

Martha Jane 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Musick</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>35</u>	<u>76</u>	<u>2</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Arkansas13. NAME No Record14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT (ADDRESS) Chas. Raylano Neesho Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Auderson Mo DATE 3/15 3719. UNDERTAKER (ADDRESS) Neesho Mo20. FILED 3-15 37 Orval Dale Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 193722. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937, to March 13 1937I last saw h. alive on March 13 1937. Death is saidto have occurred on the date stated above, at 9:40 a.m.

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

Pericardial hemorrhageLeft sideOther contributory causes of importance InfluenzaArteriosclerosisName of operation none Date of .....What test confirmed diagnosis? clinical 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 .....

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) M. P. Bowman, M. D.(Address) Neesho, 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.

