OCT 18 1937

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

Do not use this space.

File No. 33667

Registered No. 975

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. 2418 Patee St. Ward)

2. FULL NAME Anton Musgen

(a) Residence, No. 2418 Patee St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 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: Margaret Musgen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 9 1868

7. AGE: Years 68 — Months 10 — Days 29 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 26 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Mrs. Margaret Musgen, 2418 Patee Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Joseph's Cem., Easton, Mo. DATE: Sept. 11, 1937

19. UNDERTAKER (ADDRESS): H. C. Sidenfaden and Son, 1802 Union Str. St. Joseph, Mo.

20. FILED 9-9 1937 H J Neuffhuck By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936, to Sept 8, 1937

I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

	Date of onset
Arteriosclerosis General	unknown

Other contributory causes of importance:

97

Name 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, 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) Gustav H. Ax, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, 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.