

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

Do not use this space.

DEC 16 1937

41016

1. PLACE OF DEATH

County Clinton
Township Concord
City Plattsburg (No. _____)

Registration District No. 207
Primary Registration District No. 4125

File No. 25-
Registered No. 16
St. _____ Ward _____

2. FULL NAME Daniel Musser

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5 1865</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>29</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>		
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) Plattsburg Mo.

13. NAME Adolphus Musser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Martha Cheatham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Clark Musser
(ADDRESS) Kennett City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE Nov 5 1937

19. UNDERTAKER O'Brien - Lyon
(ADDRESS) Plattsburg Mo

20. FILED 11/5 1937 C. W. Crantain
Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 4, 1937

I last saw him alive on Nov 3, 1937. Death is said to have occurred on the date stated above, at 5:9 m.

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

Myocarditis Date of onset Aug 37

Other contributory causes of importance: Atherosclerosis 1935

Name of operation Examination of heart of brain Date of _____
What test confirmed diagnosis? _____ 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) C. M. Steckman, M. D.
(Address) Plattsburg Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

25
4
2

99

1
2
2

OCCUPATION
FATHER
MOTHER

