

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Adair*  
Township *Pettis*  
City *Fairwood* (No. ....)

Registration District No. *4*  
Primary Registration District No. *5007*

File No. *44499*  
Registered No. *230*  
St. .... Ward)

2. FULL NAME *Sarah N. 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>			
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <i>Lewanda Musick</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>November 7, 1859</i>					
7. AGE	YEARS <i>78</i>	MONTHS <i>1</i>	DAYS <i>4</i>	If LESS than 1 day, .... hrs. or .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>				
	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 .....		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Adair County, Mo.</i>				
	FATHER	13. NAME <i>George Nelson</i>			?
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn.</i>			
	MOTHER	15. MAIDEN NAME <i>Martha J. Canady</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>					
17. INFORMANT <i>K. E. Nelson</i> (ADDRESS) <i>Sharon mo</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Canady</i> DATE <i>Dec 15</i> 19 <i>37</i>					
19. UNDERTAKER <i>M. W. Callum &amp; Sons</i> (ADDRESS) <i>Smith, Safford</i>					
20. FILED <i>Dec. 17</i> 19 <i>37</i> <i>Spencer L. Ineman</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 13* 19*37*

22. I HEREBY CERTIFY That I attended deceased from *Dec 23<sup>rd</sup>* 19*36* to *Dec 13<sup>th</sup>* 19*37*  
I last saw her alive on *Dec 13<sup>th</sup>* 19*37* Death is said to have occurred on the date stated above, at *3 P.* m.  
The principal cause of death and related causes of importance were as follows:  
*Chronic Myocarditis*  
*Bacterial enteritis -*  
*Influenza?*

Other contributory causes of importance:  
*None*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Culture of blood* 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 *Geo. F. Sused* 1, M. D.  
(Signed) *Kirkville Mo.*  
(Address)

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.

