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.

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Putnam
Township: Liberty
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 720
Primary Registration District No. 5957

File No. 15612
Registered No. 7

2. FULL NAME: Samuel Musgrove
(a) Residence, No. R.F.D. Mendota, Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Nora Musgrove
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30, 1858
7. AGE: Years 79 Months 4 Days 1 If LESS than 1 day, ... hrs. or ..... min.

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): 1938
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Putnam, Co. Missouri

FATHER
13. NAME: Benjamin Musgrove
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Katherine Humphres
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): LaZelle Musgrove R.F.D. Mendota, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shawnee Cemetery DATE: April 2 1938
19. UNDERTAKER (ADDRESS): N. L. Johnson Centerville, Ia.
20. FILED: May 9 1938 E. E. McClellan Registrar. 647 (Address) Centerville, Iowa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 4-1, 1938
I last saw him alive on 3-31, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
93 C	

Other contributory causes of importance:

Name of operation: Cancel Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J B Lilburn, M. D.

Johnson