

REC'D JAN 18 1940

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

Do not use this space.

42620

1. PLACE OF DEATH

County Atchison

Registration District No. 30

File No. 42620

Township

Primary Registration District No. 4014

Registered No. _____

City Tarkio (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1939

22. I HEREBY CERTIFY, that I attended deceased from Mar 30, 1939, to Apr 1, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Anna Marie Mussel

I last saw h. _____ alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Aug 4, 1889

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

49

7

17

Date of onset

Cerebral Hemorrhage

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.

Farmer

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

11. Total time (years) spent in this occupation 48

Other contributory causes of importance:

None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Craig, Missouri

Name of operation _____ Date of _____

What test confirmed diagnosis? Cerebral Was there an autopsy? Yes

FATHER

13. NAME

Herman H. Mussel

MOTHER

15. MAIDEN NAME

Johanna Fredericka

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

Unknown Germany

23. If death was due to external causes (violence), fill in also the following: Ident, 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.

17. INFORMANT (ADDRESS)

Thos Anna Mussel Tarkio Missouri

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE 1002 Cemetery DATE Apr 3, 1939

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

19. UNDERTAKER (ADDRESS)

Charles Blue Tarkio Missouri

(Signed) Chas Blue, M. D.

(Address) Tarkio, Mo.

20. FILED

Ch 2 1939 Chas Blue Registrar

