

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.

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

Do not use this space.

9863-P

1. PLACE OF DEATH
 County Montgomery Registration District No. 574 File No. 1928
 Town Linn Primary Registration District No. 577.2A Registered No. 4
 City (No.) St. Ward

2. FULL NAME Ellen May Musick
 (a) Residence No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Ferd Musick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 - 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Mads

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Helen English

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Ferd Musick
 (Address) Linn Mo

15. FILED 3/16, 19. 28 Harney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1928

17. I HEREBY CERTIFY That I attended deceased 3 16 to 19 (that I last saw deceased on 12 19 and that death occurred, on the date stated above, at 29 m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chc Valvular Disease of Heart

98 (duration) unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) O R Musick M. D.
 (Address) Pravie House Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL WT Zion DATE OF BURIAL 3/18 1928

20. UNDERTAKER Chc Fullrich ADDRESS Pravie House Mo

