

JUL 28 1927

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

Do not use this space.
15795

1. PLACE OF DEATH
County Moniteau Registration District No. 575
Township Willow Fork Primary Registration District No. H339
City Elizabeth (No. 5771) St. _____ Ward _____
2. FULL NAME Elizabeth Musslin
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (M) WIFE OF Theodore Musslin
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 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) Oshtemo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Adolph Dick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Helen Buchenhuase
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. J. E. Mansfield
(Address) Syngene Mo

15. FILED 6-25-27 J. M. C. E. My
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11th 1927
17. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1927, to May 11th 1927, that I last saw her alive on May 9th 1927, and that death occurred, on the date stated above, at 3 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of heart
92A
11A
117 (duration) yrs. mos. ds.
CONTRIBUTORY Blue Asthma - 4d
(SECONDARY)
general dropsy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTO. SYST. no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M. Dick, M. D.
, 19 (Address) Syngene 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 Catholic Cemetery DATE OF BURIAL 5/14 1927

20. UNDERTAKER L. G. Umhoff ADDRESS Oshtemo Mo.

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.

