

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

Do not use this space.

19273

1. PLACE OF DEATH

County St. Charles Registration District No. 756
 Township Palmyra Des Peres Primary Registration District No. 5997
 City..... (No.....) St..... Ward.....

2. FULL NAME

Glenora Myers
 (a) Residence. No. West Alton Mo. 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Henry J. Myers

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

12. MAIDEN NAME OF MOTHER Lynnes Spangler

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

14. INFORMANT Henry J. Myers
 (Address) West Alton Mo.

15. FILED June 20, 1927 C.A. Barnard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 19 27

17. I HEREBY CERTIFY, That I attended deceased from June 10th 1927, to June 17th 1927
 that I last saw ~~him~~ her alive on June 16th 1927, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Bifida
Disco. lumbar.
1575
 CONTRIBUTORY (SECONDARY) 15907

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? Clinical
 (Signed) B. P. Wentker, M. D.

June 17, 1927 (Address) St. Charles 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Immaculate Conception DATE OF BURIAL June 18 1927

20. UNDERTAKER H. Dillmeier & Son ADDRESS St. Charles Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

1927

