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

Do not use this space.

21639

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 2087

City Kansas City, Missouri. N. S. Veterans Hosp. St. Ward)

2. FULL NAME MYERS, Otis Glenn — C- 1,221,239

(a) Residence. No. 3827 E.8th St., Kansas City, Missouri. (Usual place of abode) — Pvt.1/c Bat. C., 78th F.A. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	30	2	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Drakesville, (STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records. (Address) U.S.V.B.HOSPITAL #67,K.C.Mo.

15. FILED 2-30 1927 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28,1927 19

17. I HEREBY CERTIFY, That I attended deceased from 10:00 AM July 28, 1927, to 2:00 PM July 28,1927 that I last saw him alive on July 28, 1927, and that death occurred, on the date stated above, at 2:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

57 59

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetic coma with acidosis and acetonuria (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Kansas City, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination and laboratory.

(Signed) [signature] M. D

Sew, 19 E.J.ROSE, Med.Officer in Charge, U.S.V.B.HOSPITAL #67, K.C.Mo. (Address)

*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	DATE OF BURIAL
Mt Washington	July 30 1927

20. UNDERTAKER	ADDRESS
Westport Undertakers	City

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.