

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

Do not use this space.

23654

SEP 26 1927

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
No. Missouri Methodist Hospital St. Ward)

File No.....
Registered No. 879 113

2. FULL NAME John Snyder Myer,

(a) Residence. No. St., Ward. Easton, Missouri,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jemima Frances Myer,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>2</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Buchanan county,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George F. Myer.

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

12. MAIDEN NAME OF MOTHER Rachel Snyder,

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

14. INFORMANT Mrs. J. S. Myer
(Address) R. F. D. 1, Easton, Mo.

15. FILED 15 1927 John G. W. REGISTER

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1927, to Aug 13, 1927 that I last saw him alive on Aug 13, 1927, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppression of Urine following cholecystitis & cholelithiasis, plus obstruction of common bile duct & death by Peritonitis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cholelithiasis, cholecystitis (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Easton Mo
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 11 - 27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? operation etc
(Signed) W. K. Walker M. D.

Aug 13, 1927 (Address) 3014 1st Street St. Joseph 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 Gower, Mo. via Auto DATE OF BURIAL Aug. 15, 1927

20. UNDERTAKER Heaton-Belsolo Und Co ADDRESS 319 S. 10th. St

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.

