

OCT 2

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Joplin, Mo.  
City Joplin, Mo. (No.       )

Registration District No. 411  
Primary Registration District No. 2002

File No. 27541  
Registered No. 431  
St.        Ward       

2. FULL NAME

(a) Residence No. St. Johns Hosp 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 <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Mar.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Etta Myers</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 16 - 1891</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>8</u>	<u>18</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

10. NAME OF FATHER Jos. H. Myers

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

12. MAIDEN NAME OF MOTHER Mary Childress  
(STATE OR COUNTRY)

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

14. INFORMANT Jos. H. Myers  
(Address) 2202 Empire

15. FILED 9/1 1927 A Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927 to Sept 4, 1927 that I last saw        alive on Sept 4, 1927, and that death occurred, on the date stated above, at        m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental - Boiler Explosion  
205 M

(duration) yrs. 1 mos. 23 da.

CONTRIBUTORY (SECONDARY) Shock following Operation  
(duration) yrs.        mos.        da.

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

DID AN OPERATION PRECEDE DEATH?        DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS         
(Signed) H. C. Powers, M. D.  
(Address) Joplin 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 Fairview DATE OF BURIAL Sept. 6, 1927

20. UNDERTAKER Frank Nierns ADDRESS Joplin Mo

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.

