

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

Do not use this space.

35889

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 15
St. Ward)

2. FULL NAME

Lasius M. Myers
(a) Residence, No. 1005 Broadway 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. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6, 1846

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
81 | 11 | 20

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Monroe Co. Iowa

10. NAME OF FATHER Louis Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Elvora Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. L. M. Myers
(Address) Monett Mo

15. FILED 12-27-27 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Dec 26, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
131
1927
(duration) yrs. mos. da.

CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN ANATOMY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Ernest Mitchell, M. D.
, 19 (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 L.O.O. Cemetery DATE OF BURIAL Dec 27 1927

20. UNDERTAKER Callaway ADDRESS Monett

N. E.—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.

AN 17 1928

