

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

Do not use this space.

9830

1. PLACE OF DEATH

County Miller
Township Belleme
City Ellston (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Edwin R. Myers

(a) Residence, No. _____ 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18-1928

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ada Myers

17. I HEREBY CERTIFY That I attended deceased from Jan 1st, 1925 to 3-12, 1928 that I last saw him alive on Jan 1, 1928 and that death occurred, on the date stated above, at 5 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1870

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial nephritis

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
58 - 20

1790 (duration) ? yrs. mos. ds.
Influenza (SECONDARY) (duration) 1 yrs. 1 mos. ds.

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

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: culture
(Signed) E. C. Skellam, M. D.
, 19 (Address) Ellston Mo

9. BIRTHPLACE (CITY OR TOWN) Towleton
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Wm E. Myers

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

12. MAIDEN NAME OF MOTHER Henrietta Fisher

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

14. INFORMANT Ada Myers
(Address) Ellston Mo

15. FILED 3-12 1928 Belle Haynes
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ellston Cemetery DATE OF BURIAL 3-13-1928

20. UNDERTAKER James Funeral Home ADDRESS Ellston 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.

