

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

Do not use this space.

26344

1928

1. PLACE OF DEATH

County Arizona Registration District No. 26
 Township Antelope Primary Registration District No. 3002
 City Mexico (No. West Liberty) St. _____ Ward _____

File No. _____
 Registered No. 127

2. FULL NAME Martin Edward Myers

(a) Residence No. _____ St. _____ 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-9-1927

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mexico
 (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER M. E. Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bell Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Ray Myers
 (Address) Mexico Mo

15. FILED Aug 30 1928 Ira S. Willigand
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug 29, 1928, that I last saw him alive on Aug 29, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hydrocephalus acute
Abnormal heart.
71 B (duration) yrs. 1 mos. da.
CONTRIBUTORY Arteriosclerosis
 (SECONDARY)
 (duration) yrs. 1 mos. da.

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?
 (Signed) R. E. G. White, M. D.
 , 19 (Address) Mexico 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 Lantern Mo Cem **DATE OF BURIAL** 8-30 1928

20. UNDERTAKER H. A. Puelch Mexico Mo

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.

Hydrocephalus cerebri
Abnormal heart

Arteries.