SEP 24 1928

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

Do not use this space.

26466

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 941

City: St. Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME Mary Myers

(a) Residence. No. 3320 Seneca St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. # mos. # ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9th 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	26	

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER W.C. Niebuhr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Nebr.

12. MAIDEN NAME OF MOTHER Katherine Bucholz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ills.

14. INFORMANT Taylor D. Myers
(Address) 3320 Seneca St.

15. FILED AUG 8 1928 19 John G. Gatz REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug.5th 19282

17. I HEREBY CERTIFY, That I attended deceased from Aug 4 to Aug 5, 1928, to 1928, that I last saw her alive on Aug. 5 1928, and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis, accompanied with pregnancy.
103B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Postpartum E Clampsia
15 hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. U. Mardeger, M. D
8/7, 1928 (Address) 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: Mt. Auburn Cemetery — DATE OF BURIAL: Aug.8. 1928

20. UNDERTAKER: F. Meierhoffer — ADDRESS: 1302 Faraon

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.