

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.

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

Do not use this space.

34082

1. PLACE OF DEATH

County Lawrence
 Township Lincoln
 City (No.)

Registration District No. 469
 Primary Registration District No. 3-C30

File No.
 Registered No. 25
 St. Ward)

2. FULL NAME

John Meyers

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-5-1851

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>77</u> | <u>8</u> | <u>28</u> | |

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)

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

10. NAME OF FATHER Geo. Meyers

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) unknown

14. INFORMANT Mary Elizabeth Meyers
 (Address) Miller Mo

15. FILED 11-8-28 V. S. Conroy
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 18th 1928, to Aug 17th 1928, 1928 that I last saw him alive on Aug 17th 1928, and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis

1928 (duration) 1 yrs. mos. da.
 CONTRIBUTORY (SECONDARY)

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

IF DID AN OPERATION PRECEDE DEATH:

19. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS: Urinary test & Synopt
 (Signed) L. S. 1401, M. D.
 , 19 (Address) Miller 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 Miller Mo DATE OF BURIAL 10-4 1928

20. UNDERTAKER J. W. Morris ADDRESS Miller Mo.

