WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

41117

1. PLACE OF DEATH
County Jackson
Township Saw
City Kansas City
Registration District No. 399
Primary Registration District No. 100%
(No. 3951 Tralnut St. 5498 Ward)
File No.
Registered No.

2. FULL NAME John P. Meyers
(a) Residence. No. 3951 Tralnut St., 7 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 8-1851

7. AGE Years 77 Months 1 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Penn

PARENTS
10. NAME OF FATHER Thomas Meyers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Julia Ann Flick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. INFORMANT Mrs Delia A. R. Meyers
(Address) 3951 Tralnut

15. FILED 12-28, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 12.22, 1928, to 12.26, 1928 that I last saw him alive on 12.25 1928, and that death occurred, on the date stated above, at 8:25 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
10 7A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 4 ds.

18. WHERE HAS 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? none
(Signed) F. G. Wilson M. D
12-28, 1928 (Address) 4748 Prospect

*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 Forest Hill Cemetery DATE OF BURIAL 12 28 1928

20. UNDERTAKER J. F. O'Donnell Co. ADDRESS 3747 Main