

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

Do not use this space.

1860

**1. PLACE OF DEATH**

County Jackson  
Township Kanawha  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 453  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3701 Josephine Ave. Richmond  
(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)**

Widowed

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

Frances Myers

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

June 30 - 1868

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>0</u>	<u>29</u>	<u>0</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Carpenter

(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)**

Belford, Mo.

**10. NAME OF FATHER**

Simon Myers

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

Ohio

**12. MAIDEN NAME OF MOTHER**

Mrs. Bell

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

unknown

**14. INFORMANT (Address)**

Dr. Ralph Myers, 815 Ashburn Ave.

**15. FILED**

1-29-29 M. M. Ernie Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 28 - 1929

**17.**

I HEREBY CERTIFY That I attended deceased from May 18, 1928, to Jan 29, 1929 that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 11 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Uterine Cancer  
1928

**CONTRIBUTORY (SECONDARY)**

Uterine Cancer

**18. WHERE WAS DISEASE CONTRACTED**

California

DATE OF 1-29-29

WAS THERE AN AUTOPSY?

YES

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Dr. R. B. Myers

1/29, 1929 (Address) 515 - 14th St. Kansas City, 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**

**DATE OF BURIAL**

Loveland Colo Jan 30 - 1929

**20. UNDERTAKER**

**ADDRESS**

John Wagner 1409 Grand Ave

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.

