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

Do not use this space.

11494

1. PLACE OF DEATH
County Madison — Registration District No. 538
Township — Primary Registration District No. 6728
City Fredericktown (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Betty Lee Myers
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	2	18	

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

9. BIRTHPLACE (CITY OR TOWN) Fredericktown
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Willus Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sparta
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Elsie May
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois Co
(STATE OR COUNTRY) Mo

14. INFORMANT Willus Myers
(Address) Fredericktown Mo

15. FILED Mar 31, 1928 C. M. Davis
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1929, to Mar. 26, 1929 that I last saw her alive on Mar. 26, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
1/7
10X (duration) — yrs. about — mos. 6 ds.

CONTRIBUTORY (SECONDARY) Measles
(duration) — yrs. about — mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. E. Higdon, M. D
Mar 27 1929 (Address) Fredericktown, 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: Christian Cemetery Fredericktown
DATE OF BURIAL: 3/27 1929

20. UNDERTAKER: Ed. H. Webb
ADDRESS: Fredericktown Mo

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.

Apr 26 1929