JUN 27 1929 11636-1

604

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

Do not use this space.

File No. 11636-1

Registered No.

1. PLACE OF DEATH
County: New Madrid
Township: Lafo
City: (No. St. Ward)

Registration District No. ~~345~~ 604
Primary Registration District No. ~~5800~~ 5798

2. FULL NAME: John Thomas 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 48 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): Single Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dont Know

7. AGE: About 67 Years — Months — Days — If LESS than 1 day, hrs. or min.

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 employed): General Farm Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kentucky
(STATE OR COUNTRY) (Mayfield)

PARENTS
10. NAME OF FATHER: John Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

14. INFORMANT: Alvin Myers
(Address): Blodgett Mo

15. FILED 6/10, 1929 D. A. Chiles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-21 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h alive on 3-21, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By being struck by train
Accidentally

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 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) D. A. Chiles Coroner, M.D.
, 19 (Address) Matthews 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: Blodgett Missouri
DATE OF BURIAL: 3-23 1929

20. UNDERTAKER: Blodgett Merc Co
By J. Brownlee
ADDRESS: Blodgett Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: W. Madrid — Registration District No.: 604 — File No.: 87
Township: La Fonte — Primary Registration District No.: 5798 — Registered No.:
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Thomas 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Wid

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 67	—	—	

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): General Farm work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mayfield
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER John Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT Alvin Myers
(Address) Blodgett Mo.

15. FILED 7/22/1929 W. O'Bannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21-1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on 3-21, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by train
Passenger Car & Milk Train
Accident
At Omaha, Mo.
(duration) ..... yrs. 202 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... 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) D. A. Chiles Coroner, M. D.
, 19 (Address) Matthews 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
Blodgett Mo	3-23 1929
20. UNDERTAKER	**ADDRESS**
Blodgett Merc. Co.	Blodgett Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms should be clearly stated. Avoid abbreviations. Avoid should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important.

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-11636-1