MAY 2 1929

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

Do not use this space.

15751

1. PLACE OF DEATH
County St Clair
Township
City Appleton City (No. ..... St. ..... Ward)

Registration District No. 761
Primary Registration District No. 4456

File No.
Registered No.

2. FULL NAME Elbridge Davis 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: 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 Lettie E. Myers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	5	11	

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) Agency City
(STATE OR COUNTRY) Wapello County Iowa

PARENTS

10. NAME OF FATHER Joseph Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) South Carolina
12. MAIDEN NAME OF MOTHER Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Lettie E. Myers
(Address) Appleton City, Mo.

15. FILED Apr 20 1929 W. Chase MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 17 1929

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1929 to April 17, 1929 that I last saw h. alive on April 17, 1929, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
G. P. Apoplexy

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) [redacted]
(duration) yrs. [redacted] ds.

18. WHERE WAS 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?
(Signed) R. J. Smith, M. D
, 19 (Address) Appleton City

*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 Appleton City Cem
DATE OF BURIAL April 21 1929

20. UNDERTAKER R. R. Kennedy
ADDRESS A. C. Mo

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.