AUG 23 1929

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

Do not use this space.

24020

File No. .....

Registered No. 168

1. PLACE OF DEATH

County: Cape Co

Registration District No. 125

Township: —

Primary Registration District No. 3009

City: Cape Girardeau ..... St. ..... Ward)

2. FULL NAME: Frank 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 10 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1862

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

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) — Mo

(STATE OR COUNTRY) —

PARENTS

10. NAME OF FATHER — Kaso

11. BIRTHPLACE OF FATHER (CITY OR TOWN) — Mo

(STATE OR COUNTRY) —

12. MAIDEN NAME OF MOTHER — Kaso

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) — Mo

(STATE OR COUNTRY) —

14. INFORMANT J. L. Hoggins

(Address) Jackson Mo.

15. FILED 7/22 19 29 W C Ramsey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1929

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1929, to July 22, 1929, that I last saw h. alive on July 21, 1929, and that death occurred, on the date stated above, at 1 a.m. July 22

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pancreatic metastasis No. Kidney

Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute dilatation of heart

Oedema lungs (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED Jackson Mo

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine test

(Signed) Carl A. Zimmerman, M. D

, 19 (Address)

*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 Lightner Cemetery Jackson Mo — DATE OF BURIAL 7/22 1929

20. UNDERTAKER Baysinger & Hood — ADDRESS Jackson 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.