

MAY 20 1930

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

Do not use this space.

15163

1. PLACE OF DEATH

County Washington Registration District No. 887
Township Union Primary Registration District No. 6182
City (No.) St. Ward

File No.
Registered No. 29

2. FULL NAME

William James 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 29

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

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

10. NAME OF FATHER John R Myers

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

12. MAIDEN NAME OF MOTHER Margaret Jussier

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

14. INFORMANT Mrs. Thomas M. Korman
(Address) 100 Cadet St

15. FILED 4/16 1930 Joe L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 1930

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1930, to April 15, 1930, that I last saw him alive on April 15, 1930 and that death occurred, on the date stated above, at 6:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Arteriosclerosis
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. G. Russell, M. D.
4/16/1930 (Address) Potosi

*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 Potosi Mo. DATE OF BURIAL 4-17 1930

20. UNDERTAKER J.B. Boyer Son ADDRESS Potosi 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.

