

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

Do not use this space.

18750

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME

A. Roy Meyers
(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 <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>About 23</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
	<u>23</u>				
8. OCCUPATION OF DECEASED <u>glt</u>					
(a) Trade, profession, or particular kind of work <u>massager</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Bowling Alley</u>					
(c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>					
PARENTS	10. NAME OF FATHER <u>unknown</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>				
	12. MAIDEN NAME OF MOTHER <u>unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>				
14. INFORMANT <u>Russell Smith Jr</u> (Address) <u>Dexter Mo</u>					
15. FILED <u>6/18 30</u> <u>D J Cling</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 1, 30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
neck broken
went to sleep and turned
car over in ditch 1/2 mile east
graveyard on highway 60 east

CONTRIBUTORY (SECONDARY) Poplar Bluff about 6 miles (duration) _____ yrs. mos. (ds.)
(accidental)

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) Grover Green Leones
. 1930 (Address) Poplar Bluff 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 <u>Dexter Mo</u>	DATE OF BURIAL <u>June 20 1930</u>
20. UNDERTAKER <u>C. O. Biggs</u>	ADDRESS <u>Dexter Mo</u>

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.

118821