

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.

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

20500
~~20593~~

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Valley Park (No.)

Registration District No. 785
Primary Registration District No. 6081

File No.
Registered No. 116
St. Ward)

2. FULL NAME

(a) Residence. No. Laura J. Myers St. Ward.
(Usual place of abode) Valley Park, Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Myers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work H. W.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Joseph Boy

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

12. MAIDEN NAME OF MOTHER Annis Shad

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

14. INFORMANT John Myers (Address) Valley Park Mo

15. FILED 7/7 1930 P. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1930, to 6-1, 1930, that I last saw him alive on 6-1, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus

44 (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. 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 biopsy of cancer
(Signed) J. P. Knobb, M. D.
6-2, 1930 (Address) J. P. Knobb

*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 Oak Hill Cem DATE OF BURIAL 6-3 1930

20. UNDERTAKER Louis H. Boyer Wickwood ADDRESS

