

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

Do not use this space.

23900

1. PLACE OF DEATH
 County Platte Registration District No. 698
 Township Weston Primary Registration District No. 447
 City Weston (No. 5926) St. _____ Ward _____

2. FULL NAME Harry 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 7 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gay Tinder</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 26, 1899</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>6</u>
		DAYS
		<u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Paris</u> (STATE OR COUNTRY) <u>Ill</u>		
PARENTS	10. NAME OF FATHER <u>claus know</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____	
	12. MAIDEN NAME OF MOTHER <u>claus know</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____	
14. INFORMANT <u>Gay Myers</u> (Address) <u>Weston, Mo.</u>		
15. FILED <u>7/31</u> , 19 <u>30</u> <u>J. H. Miller</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1930 to July 30, 1930 that I last saw h. in alive on July 29, 1930 and that death occurred, on the date stated above, at 2:10 a. 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysphasia fever.

(duration) _____ yrs. _____ mos. 30 ds.

CONTRIBUTORY (SECONDARY) nothing determined.
 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Lewis C. Calvert, M. D.
July 30 1930 (Address) Weston, 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 Lebanon, Ill DATE OF BURIAL 8-1-1930

20. UNDERTAKER L. F. Rollins Platte City, ADDRESS _____

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. 26/1930

