OCT 28 1930

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

Do not use this space.

29194

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 1046

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, (No. 2307 Cedar St. Ward)

2. FULL NAME Wilber Everett Myer,

(a) Residence. No. 2307 Cedar, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 18 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) August 31, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	0	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Eddie E Myer,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Highland, (STATE OR COUNTRY) Kansas,

12. MAIDEN NAME OF MOTHER Grace R. Burkhart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Illinois,

14. INFORMANT Mrs W. E. Myer (Address) 2307 Cedar Street,

15. FILED SEP 22 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1930, to Sept. 19, 1930, that I last saw him alive on Sept 19, 1930, and that death occurred, on the date stated above, at 12:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enter Calitis

120 B

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Not Known

(duration) yrs. mos. ds.

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? Clinical

(Signed) W. H. Gwyn M. D.

9/22/1930 (Address) 1724½ Commercial

*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	DATE OF BURIAL
King Hill Cemetery,	Sept. 22 1930.
20. UNDERTAKER	ADDRESS
Heaton-McGole & Bowman Funeral Home	319 S. 10 St.

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.