

NOV 21 1930

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

Do not use this space.

32124

1. PLACE OF DEATH

County Buchanan.  
Township.....  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 719 Dewey Ave.)

File No.....  
Registered No. 1099  
St. .... Ward)

2. FULL NAME Charles Edw. Myers

(a) Residence. No. 719 Dewey Ave. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 Male 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 Helen Marie Myers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 4 2

8. OCCUPATION OF DECEASED Locomotive. Railroad Engineer  
(a) Trade, profession, or particular kind of work Ra. ilroad Engineer  
(b) General nature of industry, business, or establishment in which employed (or employer) C. B. & Q. Ra. ilroad CO  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Agency, Iowa.  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Joseph Myers  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ohio.  
12. MAIDEN NAME OF MOTHER Emma Deelon  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Iowa

14. INFORMANT Helen H Myers  
(Address) 719 Dewey Avenue

15. FILED 1930  
John G. [Signature]  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on 19... to... 19...  
that I last saw h... alive on... 19... and that death occurred, on the date stated above, at 2:10 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Mitral Insufficiency  
92A  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED None  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF...  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? History  
(Signed) B. W. Adolphe & Sons, D.  
10/4, 1930 (Address) 821 Francis

\*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 St. Joseph Memorial Park Cemt DATE OF BURIAL Oct. 6 1930

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union St.

At 21. 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.

