

DEC 2

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

Do not use this space.

35297

1. PLACE OF DEATH
 County Barton Registration District No. 31 File No. _____
 Township McDonald Primary Registration District No. 2045 Registered No. 27
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Isaac 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF W. S. Myers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE: 75 YEARS MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Martin Myers

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

12. MAIDEN NAME OF MOTHER Catesen

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

14. INFORMANT Gordon Myers (Address) Purdy Mo.

15. FILED 12-10 1930 Matthie Blankenship REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1930, to Nov 15th 1930 that I last saw him alive on Nov 13th 1930, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(Bright's Disease)

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. _____ mos. _____ ds.
 IF NOT AT PLACE OF DEATH _____
 CONTRIBUTORY (SECONDARY) Denial (duration) _____ yrs. _____ mos. _____ ds.

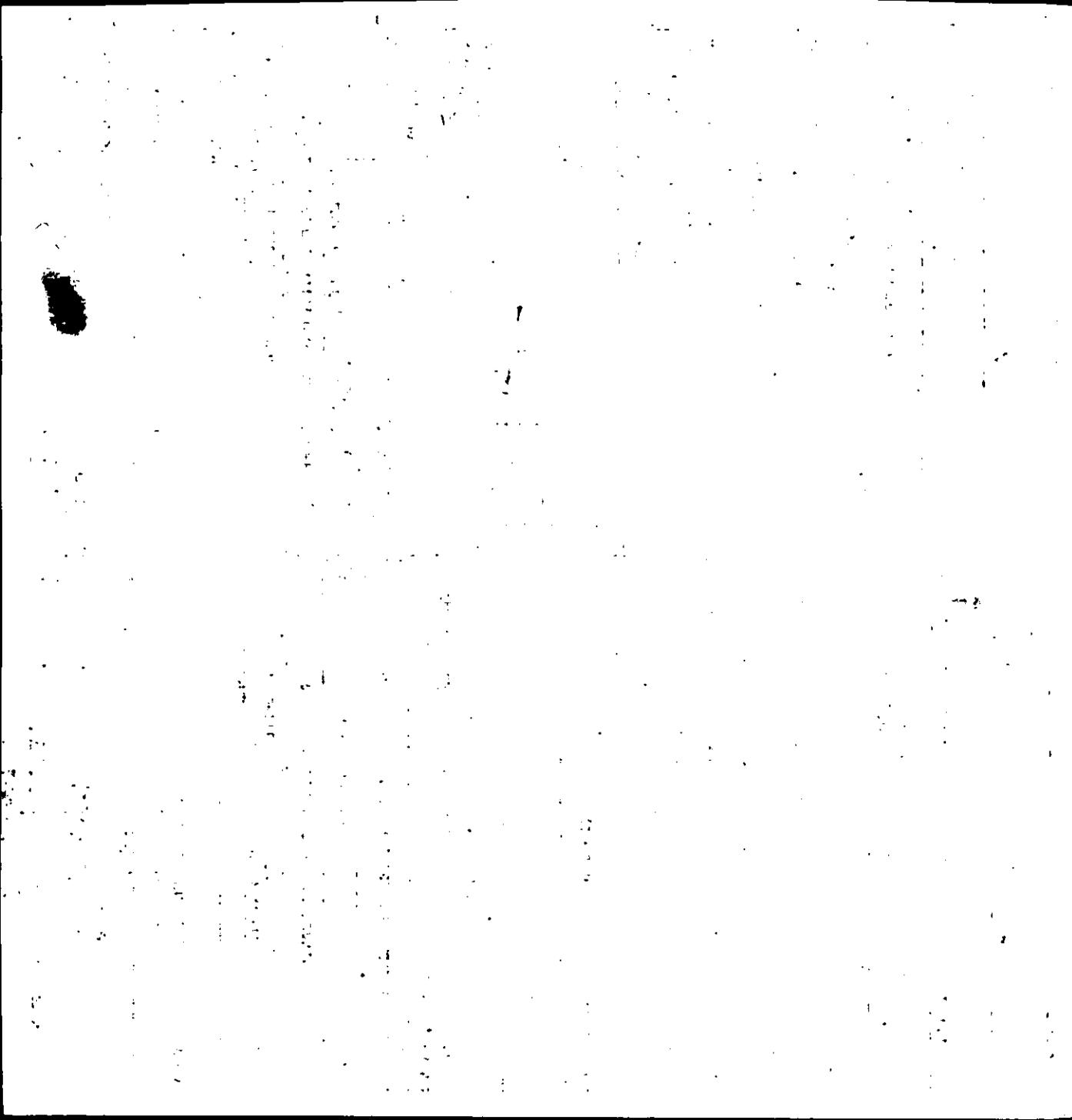
18. WHEN WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B. B. Keely M. D.
 1930 (Address) Purdy 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 Amherst Cemetery DATE OF BURIAL 11-18-1930

20. UNDERTAKER Blankenship ADDRESS Purdy



This old man was orphaned
early in life and didn't

know when he was born
or how old he was but he
was an old man. Say around
75.

