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

Do not use this space.
4-2-40
15344

1. PLACE OF DEATH
County: Ray
Township: C
City: Hardin (No. ..., ... St. ..... Ward)
Registration District No. 740
Primary Registration District No. 4442
File No. .....
Registered No. 11

2. FULL NAME: Elizabeth Myer
(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.

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.

APR 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 20 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66		12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Keeper
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Peter Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Helman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Nathan T. Lentz, Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hardin Cem. DATE: Apr. 3 1931

19. UNDERTAKER (ADDRESS): Jno. W. Knipschild, Hardin Mo.

20. FILED: Apr. 10, 1931 Jno. W. Knipschild, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1930, to April 2, 1931
I last saw her alive on April 1, 1931. Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Neurasthenia	12/1/30
General Nervous Breakdown,	
Insanity,	
878	

Other contributory causes of importance:
Worry. Loss of appetite.
Progressive weakness

Name of operation: ..... Date of: .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Marion Brown, M. D.
(Address) Hardin, Mo.