

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

Do not use this space.

30694

**1. PLACE OF DEATH**

County Callaway

Registration District No. 108

Township Calhoun

Primary Registration District No. 5737

City

(No. ....)

File No. ....

Registered No. ....

St. ....

Ward) ....

**2. FULL NAME**

Luther Myers

(a) Residence. No. ....

(Usual place of abode)

St. ....

Ward. ....

(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

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

Della Myers

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

April 8 1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

31

4

5

8. OCCUPATION OF DECEASED

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

truck driver

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Callaway Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Ben Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Callaway Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Della Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Callaway Mo

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Della Myers McCreedy

15. FIED

.....

Sept 4 1931 R. S. Dimone

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Sept 4 1931

17.

I HEREBY CERTIFY, That I attended deceased from Sept 4 1931 to Sept 4 1931 that I last saw him alive on Sept 3 1931, and that death occurred, on the date stated above, at 2 d m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

lobar pneumonia

CONTRIBUTORY (SECONDARY)

flu

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

(Signed)

R. S. Dimone, M. D.  
, 19 (Address) Fulton

\*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

Funerary Court

Sept 5 1931

20. UNDERTAKER

ADDRESS

Wallace

Fulton Mo

N. B.—Every item of information should be carefully supplied. AG—stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 23 1931

12-11-12

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway  
Township Calwood  
City (No. ....) .....

Registration District No. 108  
Primary Registration District No. 3-15-7

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

**2. FULL NAME** Luther 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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 1900

7. AGE YEARS 31 MONTHS 4 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

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.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Sept 5 1911 R S Simcox Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from

..... to .....

I last saw him alive on ....., 19..... Death is said

to have occurred on the day stated above, at .....

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

**SUPPLEMENTARY**

N. - Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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