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

Do not use this space.

36531

File No.
Registered No. 159

1. PLACE OF DEATH
County Saline
Township
City Marshall (No. , St. Ward)

Registration District No. 796
Primary Registration District No. 3038

2. FULL NAME Otis Edward Myers
(a) Residence. No. ~~Marshall Mo.~~ 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. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 28 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1922

7. AGE: Years 9 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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) Mo

PARENTS

10. NAME OF FATHER Otis Edward Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Olive Tomlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo

14. INFORMANT Hospital Record.
(Address) Marshall Mo

15. FILED 12-25 1931 Mrs. John H. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1931, to Oct. 21, 1931 that I last saw being alive on Oct 21, 1931, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Myocarditis
938

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 930

(duration) yrs. mos. ds.

18. WHERE 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) H. K. Pope, M. D.
10-22-1931 (Address) Marshall 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 St. Joseph, Mo. | DATE OF BURIAL Oct. 24, 1931

20. UNDERTAKER L. R. Vandiver | ADDRESS Marshall, Mo.