

WRITE PRINTED, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36888

1. PLACE OF DEATH
County Buchanan. Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. _____
Registered No. 1117

2. FULL NAME Derald Myers.
(a) Residence, No. 2502 South 12 street 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 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) February 28, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St. Joseph
(STATE OR COUNTRY) Missouri.

13. NAME Joseph D Myers

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

15. MAIDEN NAME Bessie L. Comp

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

17. INFORMANT Joseph D Myers
(ADDRESS) 2502 So. 12 St. - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph Ill
PLACE Bloomington Ill DATE Nov. 6 1931

19. UNDERTAKER W. O. Biederlinden
(ADDRESS) St. Joseph Mo

20. NOV 2 1931 John R. Borden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1931, to Nov. 1 - 1931, 1931.
I last saw him alive on Nov. 1 - 1931, 1931. Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:
General Peritonitis
Paralytic Ileus

Other contributory causes of importance:
acute gangrenous
appendicitis (Perforated)

Name of operation Appendectomy Date 10-28-31
What test confirmed diagnosis General Peritonitis Is there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931
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) Floyd J. Ginn M. D.
Charles J. Ginn

Date of onset 10-27-31

