

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

Do not use this space.

103

1. PLACE OF DEATH

County Bates Registration District No. 54
 Township Rockville, Mo. Primary Registration District No. 44301
 City " (No. 13-085) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Wm. F. Myers

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Hattie Mabry Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1859.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1859 - 72 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer *CA*
 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) Summer of 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co. Mo.

FATHER 13. NAME J. H. Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Kloster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wife, Hattie Myers.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Myers Co. Rockville DATE Jan. 30, 1932

19. UNDERTAKER Frank Lee.
 (ADDRESS) Appleton City, Mo.

20. FILED Jan 30 1932 Wm. A. B. Freeman
 Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1932. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, 1931, to Jan 28, 1932, 1932.

I last saw him alive on Jan, 28, 1932, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Pelvic tumor, supposedly sarcoma.
Organic heart disease;
Gouty vascular system.

Date of onset ?

Other contributory causes of importance:
*95%
 54%*

Name of operation _____ Date of _____
 What test confirmed diagnosis? None yet. Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) A. B. Freeman, M. D.
 (Address) Rockville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Item of information should be carefully supplied.

FEB 23 1932

**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 Dates Registration District No. 54
 Township Rockville Primary Registration District No. 3783-
 City (No. _____) St. _____ Ward _____

2. FULL NAME Wm F. Myers
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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) May 23 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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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 REMOVALS
 PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Mebr 6, 19. 32 Mar. J. B. Fennell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Pelvic tumor
Supposedly Sarcoma
of Genic Heart disease
of the Vascular system

Other contributory causes of importance:
(530)

Name of operation _____ **Date of** _____

What test confirmed diagnosis? _____ **Was 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** _____, 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

Every item of information should be carefully stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

DR. A. B. FREEMAN
PHYSICIAN AND SURGEON

ROCKVILLE, MO.

Sep. 2, 1932.

Dear Dr. Stewart:-

Relative to tumorous growth of Wm. F. Myers:

There was no autopsy but I had the undertaker, Frank Lee of Appleton City to save a specimen, which I sent to my son, Smith Freeman, S. West, Walton Place, Chicago, for a report on it.

I do not now remember what the classification but I do remember that it was nonmalignant. I presume he remembers what his classification. Relative to the attachment, I only that it was somewhere in right side of the pelvis. It was quite impractical for me to be present when the body was in the hands of the undertaker, hence I know not its seat of origin.

Regretting that I can not furnish the exact information, I am very truly,



Name: Wm F. Myers
Who died at: Bates Co. on Jan. 28, 1932,
Residence: No. Rockville, St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years many Months _____ Days _____

Sex: male Color or race: white Single, married, widowed or divorced: mar.

Date of birth: May 23, 1859 Age: Years _____ Months _____ Days _____

Occupation: (a) Trade Farmer (b) Industry: _____

Birthplace (State or country) Bates Co. Mo.

Birthplace of father (State or country) (?)

Birthplace of mother (State or country) (?)

CAUSE OF DEATH: Pelvic tumor, supposedly sarcoma, Organic heart disease

Contributory: Gouty vascular system

Where was disease contracted? _____

Did operation precede death? no. Date of _____

Was there an autopsy? no What test confirmed diagnosis? Microscopic.

Name of physician: A. B. Freeman.

Address of physician: Rockville, Mo.