

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

Do not use this space.

713

1. PLACE OF DEATH
 36 County Spring Registration District No. 314
 6 Township Stark Primary Registration District No. 4190
 2 City Stark MO No. St. Ward
 2 FULL NAME Kendal Scott Myrick
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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. (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) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 19
 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. ✓
 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) Stark MO
 FATHER 13. NAME Charles Myrick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geary O. MO
 MOTHER 15. MAIDEN NAME Monymite Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P4. MO
 17. INFORMANT Charles Myrick
 (ADDRESS) Stark MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stark MO DATE 1/7 1932
 19. UNDERTAKER W. Phillips
 (ADDRESS) Stark MO
 20. FILED 1/6 1932 AS Bernard
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Jan 5 1932
 I last saw him alive on Jan 5 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Valvular heart disease
157C 92A
 Date of onset
 Other contributory causes of importance:
Heart disease at birth
 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 ①
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) H. H. Kelsey, M. D.
 (Address) Stark, Mo.

WRITE PLAINLY, 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.

FEB 24 1932

Dr. Hickey