

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

Do not use this space.

X

**1. PLACE OF DEATH**

59 County Linn  
Township Green  
City Utica (No. \_\_\_\_\_)

Registration District No. 512  
Primary Registration District No. 5682

File No. 9162  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elizabeth Myers

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 59 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Wife of Owen Myers</u> |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct-29-1872</u>                                 |                                  |  |
| 7. AGE<br><u>59</u>   | YEARS<br><u>4</u>                | MONTHS<br><u>2</u>   |
|   | DAYS<br><u>2</u>                 | IF LESS than 1 day, _____ hrs. or _____ min.                               |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Utica  
(STATE OR COUNTRY) Mo

|         |  |
|---------|--|
| PARENTS | 10. NAME OF FATHER<br><u>James W. Hall</u>   |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Greenville Ohio</u><br>(STATE OR COUNTRY) <u>Green County</u> |
|         | 12. MAIDEN NAME OF MOTHER <u>Catherine Jackson</u>   |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____<br>(STATE OR COUNTRY) <u>Indiana</u>                       |

14. INFORMANT Owen Myers  
(Address) Utica, Mo.

15. FILED 3/3, 1932 Anna C. Openter  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1932  
17. I HEREBY CERTIFY, That I attended deceased from 15 \_\_\_\_\_, 1930 to March 2, 1932  
that I last saw him alive on March 2, 1932 and that death occurred, on the date stated above, at 14:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Omentum (Colloid)  
466 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 466 (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? Abdomen was opened.  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) G. M. Carpenter, M. D.  
3:3, 1932 (Address) Utica 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 Utica Mo  
DATE OF BURIAL 3-4 1932

20. UNDERTAKER F. B. Norman  
ADDRESS Utica Mo

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

APR 27 1932

