WHITE 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.

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

Do not use this space.

10415

File No.

Registered No. 2458

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 1117, Armstrong St. Ward)

Registration District No. 791 4003

Primary Registration District No.

2. FULL NAME James B. Myatt

(a) Residence, No. 1117 Armstrong St., 22 Ward. (If nonresident, give city or town and State)
(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.

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) Jan. 28-1907

7. AGE: YEARS 25 MONTHS 1 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Century Elect.

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Kentucky

FATHER

13. NAME James N. Myatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Rosie E. Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) James N. Myatt 1117 Armstrong

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman Ky DATE 3-16-32 19

19. UNDERTAKER (ADDRESS) Wagoner-Cotrell Und. 2034 Lafayette

20. FILED [illegible] 19 [illegible] Registrar. 3/15/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to fuel gas poisoning

Whether accidental or intentional could not be ascertained.

Date of onset

Other contributory causes of importance:

Name of operation 178 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? Medical Date of injury 3/14, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Asphyxiation

Nature of injury Fuel Gas Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. W. Kerner, M.D.

(Address) Deputy Coroner