

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

Do not use this space.

15270

1. PLACE OF DEATH
 1 County Boonville Registration District No. 72
 2 Township Centralia Primary Registration District No. 4041
 2 City Centralia (No. _____) St. _____ Ward _____

2. FULL NAME Leon Myers
 (a) Residence, No. Centralia 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.

File No. _____
 Registered No. 15
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 1 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
 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) Centralia Mo
 13. NAME Levis Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo
 15. MAIDEN NAME Hattie Kelley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo
 17. INFORMANT Levy Vasquez
 (ADDRESS) Centralia
 18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE May 26 1932
 19. UNDERTAKER M. McDonald
 (ADDRESS) Centralia Mo
 20. FILED 7/26/32 1932 J. S. Hickman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 - 1932
 22. I HEREBY CERTIFY, That I attended deceased, from May 25, 1932, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Killed when alighting from a moving train - Westbound. Accident happened in front of Hubush Station in Centralia Mo.
 Other contributory causes of importance:
None
 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? None Date of injury May 25, 1932
 Where did injury occur? As above
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Public Place
 Manner of injury _____
 Nature of injury Head crushed - body mangled.
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. P. Davis, Coroner M. D.
 (Address) Centralia 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.

JUN 21 1932

