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.

JUL 21 1932

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

18754

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 590
City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Le Roy Myers
(a) Residence. No. 2742 Chelsea K C Mo St., Ward. K.C. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1849

7. AGE: YEARS 83 — MONTHS — DAYS Unknown — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mick Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Joseph Myers
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rachel Brennan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Records State Hosp #2
(Address): St Joseph, Mo.

15. FILED 6-19, 1932 — John L. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 19 1932

17. I HEREBY CERTIFY, That I attended deceased from May 11th, 1932, to June 19th, 1932, that I last saw him alive on June 19th, 1932 and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia

107 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Senile Psychosis

Over (duration) yrs. 1 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Dr Clifton Smith, M. D.
6/19/, 1932 (Address) State Hosp #2

*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: Kansas City, Kansas — DATE OF BURIAL: June 19 1932

20. UNDERTAKER: John Stine — ADDRESS: 411 N. 6th St.