

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.

67 95 1932

Dr. G. W. W.

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

Do not use this space.

20168

1. PLACE OF DEATH  
67 County Miss Registration District No. 347  
Township James Primary Registration District No. 1763  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Laura May Myers  
(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)

File No. \_\_\_\_\_  
Registered No. 22

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 8  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. report.  
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) Miss. Co. Mo.  
13. NAME Dewey Myers  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
15. MAIDEN NAME Pauline Chancey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT (ADDRESS) G. Chancey East Prairie Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE mo. a DATE 6/14 1932  
19. UNDERTAKER (ADDRESS) Travis Shelb East Prairie  
20. FILED 6/13 1932 Duffin Hodge Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1932  
22. I HEREBY CERTIFY, That I attended deceased from June 13 1932 to June 13 1932  
First saw him alive on 6/13 1932 at 5:50 a.m. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Dysentery  
Other contributory causes of importance: (D)  
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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) George W. Whitaker, M. D.  
(Address) East Prairie Mo.

