

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

Do not use this space.

25485

**1. PLACE OF DEATH**

85

County Buchanan Registration District No. 1001

Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City St. Joseph, Mo. (No. 2817 Penn Street)

File No. \_\_\_\_\_

Registered No. 231

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sarah Gertrude Myers

(a) Residence, No. 2817 Penn Street 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard S. Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 6 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Reading, Pennsylvania

13. NAME John C. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pennsylvania

15. MAIDEN NAME Evelyn B. Berger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading, Pennsylvania

17. INFORMANT (ADDRESS) Richard S. Myers, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8-31-32 1932

19. UNDERTAKER (ADDRESS) Edelman's Funeral Home, St. Joseph, Missouri

20. FILED 8-29 1932 John R. Bricker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1932

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Myocarditis  
93°C  
99  
Sclerosis Arterio  
5

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Histology 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? 710  
If so, specify B.W. Tadlock Co. owner  
(Signed) B.W. Tadlock M.D.  
(Address) 821 Powers

SEP 21 1932

CASE OF DEATH IN plain terms, so that it may be properly understood.

