

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

Do not use this space.

26061

1. PLACE OF DEATH

47 County Linn Registration District No. 391
Township arcadia Primary Registration District No. 5546a
City (No.) St. Ward)

2. FULL NAME

Milton M. Myrode
(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1855
7. AGE YEARS 77 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Deerfield Co. 1
(STATE OR COUNTRY) Missouri

13. NAME Calvin Myrode

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

15. MAIDEN NAME Hubertson

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

17. INFORMANT M E Myrode
(ADDRESS) 2 Maple Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Acadia Bur. Cemetery DATE Aug 2 1932

19. UNDERTAKER White & Son
(ADDRESS) 814

20. FILED 8/4 1932 R. A. Rasche
Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 2, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Aug 2, 1932
I last saw him alive on Aug 1, 1932 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:
Hypertension (Renal Source) Date of onset 1925
Central Hemorrhage 1/30/32
1330
Other contributory causes of importance:

Name of operation ⓪ Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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? no
If so, specify Wilson
(Signed) Wilson, M. D.
(Address) Boston, Mo

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.

Aug 24 1932

STATE OF MISSOURI WITH ENDORSEMENT THEREIN IS A PERMANENT RECORD

