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.

OCT 26 1932

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

Do not use this space.

29688

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 469 — File No.

Township Greene — Primary Registration District No. 5-632 — Registered No. 23

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Ellen Myers

(a) Residence, No. Miller Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 William L. Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1852

7. AGE — YEARS 80 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ohio 2

FATHER

13. NAME Smith Taylor 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 8

MOTHER

15. MAIDEN NAME Lucinda Smith

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

17. INFORMANT (ADDRESS) Pearl Webb

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goss DATE 9-26 1932

19. UNDERTAKER (ADDRESS) Monning Leiman Miller Mo

20. FILED 10-1 1932 W. S. Bunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-2[illegible], 1932 to 9-24, 1932

I last saw h[illegible] alive on 9-22, 1932 Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Mitral Stenosis — Date of onset

9-2A 9-2A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms 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 ....., 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) W. S. Bunn, M. D.

(Address) Miller Mo