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.

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

Do not use this space.

38998

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No. 118
City Boonville (No. , St. Ward)

2. FULL NAME Albert H. Myer
(a) Residence, No. 611 E Morgan 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: 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1872
7. AGE: YEARS 60 — MONTHS 5 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140
10. Date deceased last worked at this occupation (month and year) Dec-7th 1932
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocheport Mo

FATHER
13. NAME Charles Myer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Laura Tumy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocheport Mo.

17. INFORMANT (ADDRESS) Miss Laura Estelle Myer Boonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem. DATE Dec 8th 1932 Boonville Mo
19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville Mo.
20. FILED Dec 10, 1932 G. A. Russell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 6, 1932
I last saw him alive on Dec 7th, 1932 Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
92A Aortic Insufficiency
82D 92A

Date of onset

Other contributory causes of importance:
Paralysis - 1929

3

Name of operation None Date of
What test confirmed diagnosis? Physical 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? No
If so, specify
(Signed) A. B. Coster, D.O. M.D.
(Address) Boonville, Mo.