

1933
 WATER
 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.

12120

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Center Primary Registration District No. 3039
 City Nevada (No. _____) St. _____ Ward _____
 2. FULL NAME Baby Alva Myers, Jr.
 (a) Residence, No. 918 E. Vernon 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3-1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
2 weeks or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-33
 22. I HEREBY CERTIFY That I attended deceased from 2:15 to 3:15
 I last saw him alive on 1-17-33 Death is said to have occurred on the date stated above, at 4:25 A.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
107A
107B
 Other contributory causes of importance: _____
 (Name of operation _____ Date of _____)
 (What test confirmed diagnosis? _____ Was there an autopsy? NO)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada
 13. NAME Alva Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada
 15. MAIDEN NAME Margaret Campbell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg
 17. INFORMANT (ADDRESS) Alva Myers
 18. BURIAL, CREMATION, OR REMOVAL W.C. Callaway DATE 3-19-33
 19. UNDERTAKER (ADDRESS) John G. Myers
 20. FILED 3-23-33 E. P. King Registrar

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) J. M. Hahn, M. D.
 (Address) Nevada Mo

