MAY 22 1933

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

Do not use this space.

12520

1. PLACE OF DEATH
County: Butler — Registration District No.: 89
Township: — Primary Registration District No.: 3007
City: Poplar Bluff (No. ..... St. ..... Ward)

File No.: 68
Registered No.: 68

2. FULL NAME: Virgie Myers
(a) Residence, No. ..... St., ... Ward. Williamsville
(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: F.
4. COLOR OR RACE: W.
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jas. Myers.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-20-1896

7. AGE: Years 37 — Months 2 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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): Mo.

FATHER
13. NAME: John Woods.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Jas. Myers. Williamsville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Williamsville DATE: 4-11, 1933

19. UNDERTAKER (ADDRESS): Frank Funeral Co. Poplar Bluff Mo.

20. FILED: April 12, 1933 B. J. Clay, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1933, to April 9, 1933
I last saw h. ~~ey~~ alive on April 9, 1933. Death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage following mis-carriage	
Other contributory causes of importance:	

Name of operation: Curatage — Date of: April 9, 1933
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? Accident Date of injury: ?, 1933
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Unknown
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify: .....
(Signed) J. Richard Reynolds M.D. Coroner
(Address) Poplar Bluff, Mo

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.