

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

Do not use this space.

13250

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 100  
 City K.C. Mo. (No. 3929 Roanoke) File No. 1578  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miers, John Wm.  
 (a) Residence, No. 3929 Roanoke Road 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Miers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1859  
 7. AGE YEARS 73 MONTHS 6 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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) Peoria, Ill

13. NAME Geo. Miers

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

15. MAIDEN NAME Josephine Thompson

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

17. INFORMANT Mrs. Catherine Miers  
 (ADDRESS) 3929 Roanoke Road

18. BURIAL, CREMATION, OR REMOVAL April 6-33  
 PLACE Mt. Moriah DATE \_\_\_\_\_ 19\_\_\_\_  
Mausoleum

19. UNDERTAKER R. V. Lindsey & Sons, Inc.  
 (ADDRESS) K. C. MO.

20. FILED Apr 6 1933 M. M. Grove  
Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to April 4, 1933  
 First saw him alive on Apr 4, 1933 Death is said to have occurred on the date stated above, at 7:18. m. PM  
 The principal cause of death and related causes of importance were as follows:

Pyonephrosic  
Diabetes  
59  
92 A  
125 A  
 Other contributory causes of importance:  
Metabolic Insufficiency

Date of onset 2-7-33  
2 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) Carla Johnson, M. D.  
 (Address) 507 Commerce Bldg

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.

P 20 2

10/1/80