

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

Do not use this space.

W. J. Welch
26144

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield Mo. No. 521 E. Monroe St. _____ Ward) _____
 2. FULL NAME Edith M. Myers
 (a) Residence, No. 521 E. Monroe 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 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 Harry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1873
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
60 2 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Pacific Mo.
 13. NAME David Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) of a
 15. MAIDEN NAME Sarah Beethley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 17. INFORMANT Harry Myers
 (ADDRESS) 521 E. Monroe
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Aug 6 1933
 19. UNDERTAKER (ADDRESS) Wm. Schmeyer & Co
Springfield Mo.
 20. FILED 86 1933 Ralph Blangston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 - 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Aug 3, 1933.
 I last saw her alive on Aug 3, 1933. Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:
maniac depressive psychosis Date of onset 9-1-32
 Other contributory causes of importance: 84
 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? No
 If so, specify _____
 (Signed) W. J. Welch, M. D.
 (Address) Springfield, Mo.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

7-27-33

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