

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

Do not use this space.

37363

1. PLACE OF DEATH

County Madison
Township Independence
City Rayville Mo (No. _____)

Registration District No. 626
Primary Registration District No. 3928

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred about 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65

8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. Caretaker of houses

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) 11-13-1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove

13. NAME James Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. + Mrs. Murray (ADDRESS) Osama, Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell, Mo DATE Nov. 15, 1933

19. UNDERTAKER A. J. Roof + Co (ADDRESS) Parnell, Mo

20. FILED 11-16 1933 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at about 11 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Heart failure
old age

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis VA Exam Was there an autopsy? _____

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) James Rowles, M. D.
Coroner Madison Co Rayville

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.

MOTHER FATHER OCCUPATION

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WRITE PERMITS WITH CARE

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