

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH *54*

Do not use this space.

1. PLACE OF DEATH

County *Clay*
Township *Fishers*
City *Excelsior Springs* (No. _____)

Registration District No. *198*
Primary Registration District No. *3.011*

File No. *16102*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Andrew Myers*

(a) Residence, No. _____ St. _____ Ward. *St. Joseph Mo*
(Usual place of abode)

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) *Divorced*

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Katie Myers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 30*

7. AGE YEARS *62* MONTHS *5* DAYS *16* IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer.*

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) *Kansas.*

13. NAME *John Myers* *9*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany.*

15. MAIDEN NAME *Mary Lang.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana.*

17. INFORMANT (ADDRESS) *Forest Albrecht
Jury Kans*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jury Kan* DATE *May 16 1934*

19. UNDERTAKER (ADDRESS) *Herbert Hays
Excelsior Springs*

20. FILED *5-16-34* *Mo. Red McConin* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May, 15 1934.*

22. I HEREBY CERTIFY, That I attended deceased from *May, 13*, 19*34*, to *May, 15*, 19*34*.

I last saw him alive on *May, 15*, 19*34*. Death is said to have occurred on the date stated above, at *9:50 a.m.*

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

*Diabetes; Nephritis
Secondary Anemia
59
132 A
71 B*

Date of onset

Other contributory causes of importance: *51*

Name of operation _____ Date of _____

What test confirmed diagnosis? *clinical* 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 _____

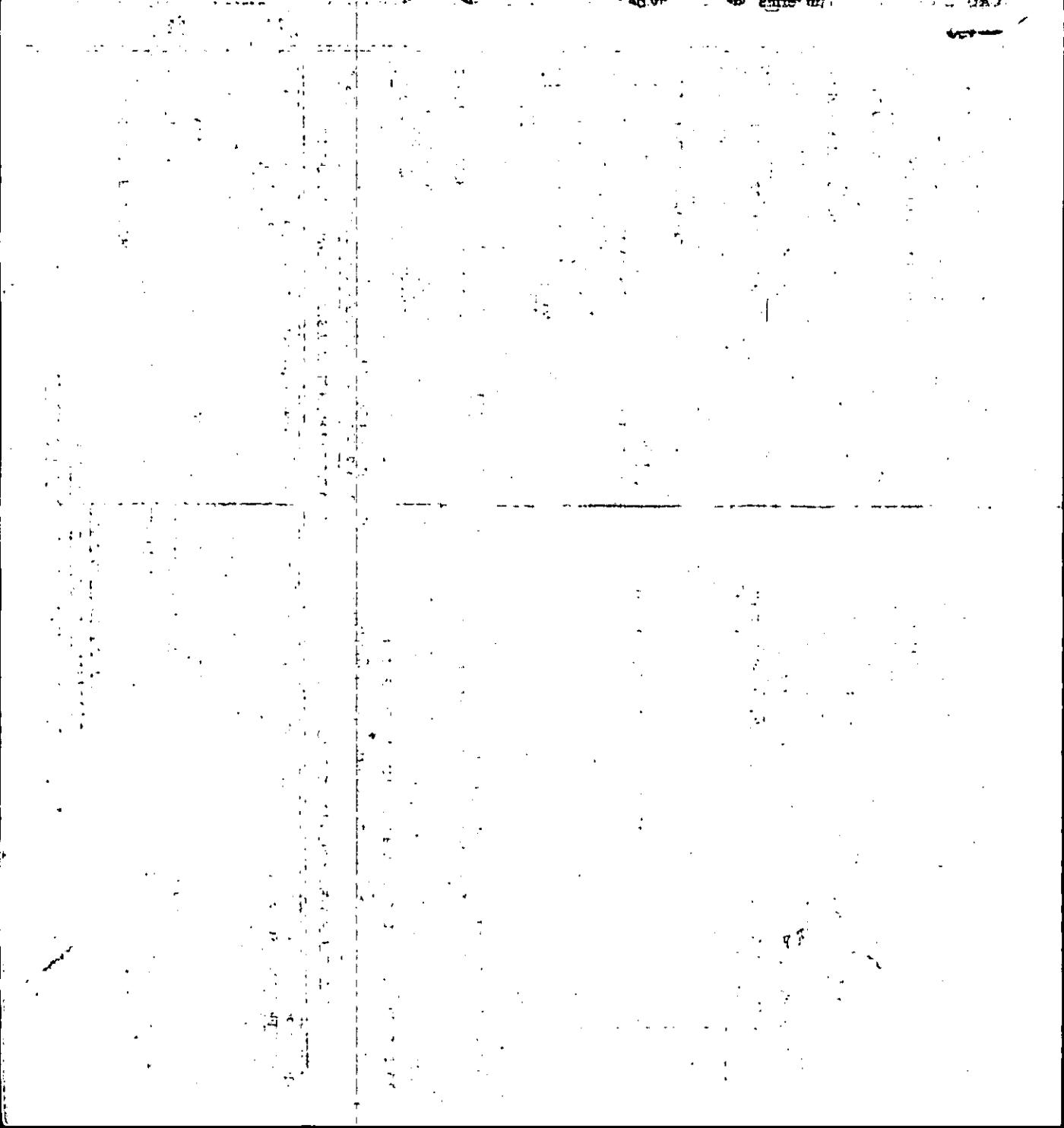
24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify _____

(Signed) *M. J. Pemberton, D.O.*
(Address) *Excelsior Springs, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay

Registration District No. 198

Township Carrollton Spgs

Primary Registration District No. 30.11

File No.

Registered No.

City Carrollton Spgs (No.) St. Ward (....)

2. FULL NAME

Andrew Myers

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1872

7. AGE YEARS MONTHS DAYS 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Nov 1914 Wm Pac McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the m.

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

Date of onset
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-16102