

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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Jasper Registration District No. 417
 Township West City Primary Registration District No. 312
 City West City (No. _____) St. _____ Ward _____

2. FULL NAME Thomas J. Meyers
 (a) Residence, No. Gene Chaspen Hospital Ward. 304 S. Jaffa Carterville
 (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.

File No. 20912
Registered No. 59

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1915
 7. AGE YEARS 29 MONTHS 1 DAYS 17
 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
 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) Carterville Missouri
 MOTHER FATHER
 13. NAME William Meyers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Corral Morgan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Lewis Meyers
 (ADDRESS) Carterville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cem. DATE June 24, 1934
 19. UNDERTAKER (ADDRESS) West City Undertaking Co. West City, Mo.
 20. FILED 6-23 1934 J. D. Crady
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 22, 1934
 I last saw him alive on June 22, 1934 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis (Date of onset 6/15)
Perforated duodenal ulcer
 Other contributory causes of importance:
Laparotomy Name of operation _____ Date of _____
Operator 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? _____ 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 Perforated duodenal ulcer
 (Signed) R. M. Stornum M. D.
 (Address) Webb City Mo

