

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.

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NOV 21 1934

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

Do not use this space.

35040

1. PLACE OF DEATH

County Washington
Township Belgrade
City (No.) St. Ward

Registration District No. 886-
Primary Registration District No. 6183

File No.
Registered No. 9

2. FULL NAME

Leander 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 2 13

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Fanner

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) Sunlight Mo

13. NAME Henry Myers

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

15. MAIDEN NAME Margaret Ramsey

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

17. INFORMANT (ADDRESS) Home Maxwell Peoria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunlight DATE Sept 7 1934

19. UNDERTAKER (ADDRESS) Wagon White Iron Fronton Mo

20. FILED Oct 27 1934 Mrs Ella White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1934

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, m.

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

Heart failure
or valvular heart lesion
lesion

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) Phyllis (Carver)

(Address) Fronton Mo

