

FEB 9 8 1935

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

Do not use this space.

2476

1. PLACE OF DEATH

 County Platte
 Township Pettis
 City Parkville (No.)

 Registration District No. 695
 Primary Registration District No. 5922

 File No.
 Registered No.
 St. Ward)

2. FULL NAME

(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 life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Myers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>5</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) all spent in this occupation <u>life</u>
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Winston Mo.13. NAME Peter Myers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.15. MAIDEN NAME Bethie Ross16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri17. INFORMANT (ADDRESS)
Mrs. Claude Babcock Parkville Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirkwood Kan DATE Jan 31, 193519. UNDERTAKER (ADDRESS)
Leland J. Francis Parkville Mo.20. FILED Feb 9, 1935 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1936
 22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1935 to Jan 30, 1935
 I last saw him alive on Jan 29, 1935. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

9381

Myocarditis

Other contributory causes of importance:
Raynaud's Disease

Date of case

 Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? N.A.
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) S. P. Ford, M. D.
 (Address) Parkville Mo.

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.

82

Aug 3 1857

1935 17 - 30

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77-5-27