

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

Do not use this space.

15599

1. PLACE OF DEATH

County Boone
Township Rockyfork
City _____ (No. _____)

Registration District No. 74
Primary Registration District No. 5113

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Murray, Mo. St. _____ Ward _____

(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 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) 4-12-1866

7. AGE YEARS 69 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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) Missouri

FATHER 13. NAME Washington Myers

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

MOTHER 15. MAIDEN NAME Ellen Coney

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

17. INFORMANT Naomi Hogue (ADDRESS) Hallsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linsville, Iowa DATE 5-17 19

19. UNDERTAKER D. O. Greenlee (ADDRESS) Linsville, Iowa

20. FILED 5-17-35 1935 Mrs. F. L. Saret Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1935, to 5-15, 1935. I last saw him alive on Apr. 23, 1935. Death is said

to have occurred on the date stated above, at 10:30 P. m. The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach Date of onset (2)

Other contributory causes of importance None

Name of operation None Date of _____
What test confirmed diagnosis? Stomach Was there an autopsy? Yes

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) C. R. Robinson, M. D.
(Address) Columbia, Mo.

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.

