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.

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

Do not use this space.

20134

JUL 23 1935

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. 323 Kentucky St. Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No.

2. FULL NAME Mollie Myers.
(a) Residence, No. 323 Ky. Ave. 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 Fem
4. COLOR OR RACE B.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur C. Myers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1878
7. AGE YEARS 57 MONTHS 1 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. duty.
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) Tenn.

FATHER
13. NAME Green Jordan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Fannie Steel.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) A. C. Myers Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkway DATE 6-26, 1935
19. UNDERTAKER (ADDRESS) Hurlett Und Co Joplin Mo
20. FILED 6-26, 1935 E. B. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1935
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to June 24, 1935
I last saw her alive on 6-24, 1935. Death is said to have occurred on the date stated above, at 5-35 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma uterus

Date of onset

Other contributory causes of importance

48

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) W. E. Craig, M. D.
(Address) Joplin, Mo