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

JUL 26 1935

Do not use this space.

20636

1. PLACE OF DEATH
County: Pettis
Township: Washington
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 164
Primary Registration District No. 5884

File No. .....
Registered No. 8

2. FULL NAME Alice A Myers

(a) Residence, No. Farm 3 mi South East Green Ridge Mo 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: Female
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 Jake Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 3rd 1862

7. AGE: Years 73 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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) Mc Clamsburg Ill

FATHER

13. NAME Wm Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Margaret Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Jake Myers Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Ridge. DATE July 1st 1935

19. UNDERTAKER L. L. Reagan
(ADDRESS) Green Ridge Mo

20. FILED July 1st 1935 G. R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to June 29, 1935
I last saw her alive on June 29, 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	6/29/35

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
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? No
If so, specify .....
(Signed) H. A. Hile, M. D.
(Address) Green Ridge, 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.