

SEP 20 1935

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

Do not use this space.

22698

1. PLACE OF DEATH

38 County Gentry
Township Middle
5 City McFall (No.)

Registration District No. 313
Primary Registration District No. 4189

File No.
Registered No.
St. Ward)

2. FULL NAME

1 Elizabeth 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 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 David Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1898

7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.
36 10 26

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

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) Clairco Mo.

FATHER 13. NAME W. E. Claus Mo.

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

MOTHER 15. MAIDEN NAME Ella McDonald Mo.

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

17. INFORMANT W. E. Claus (ADDRESS) McFall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McFall DATE July 14 1935

19. UNDERTAKER E. Bronner (ADDRESS) Clatsburg Mo.

20. FILED 7-13 1935 W. G. Osury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11 1935, to July 12 1935.
I last saw her alive on July 12 1935. Death is said to have occurred on the date stated above, at 6 p.m.

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

Chronic Myocarditis 14 yrs. Date of onset

Other contributory causes of importance:

Influenza 2 attacks spring of '35

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) Arthur G. Collins Registrar
(Address) McFall, 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.

