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

Do not use this space.

25473

OCT 17 1935

File No.

Registered No. 168

1. PLACE OF DEATH

County Cedar — Registration District No. 4

Township — Primary Registration District No. 3001

City Nurseville (No. ..... St. ..... Ward)

2. FULL NAME Lyman George Myers

(a) Residence No. ..... St. ..... Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Rachel Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	10	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

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) Jonestown Miss.

FATHER

13. NAME Nicholas Myers.

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

MOTHER

15. MAIDEN NAME Margaret Lowery

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

17. INFORMANT (ADDRESS) Mrs. Hustead Nurseville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Haldane DATE 9/1 19 35

19. UNDERTAKER (ADDRESS) Runyan Nurseville Mo.

20. FILED Sept 16, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1935, to Aug 31, 1935

I last saw h... alive on Aug 31, 1935 Death is said to have occurred on the date stated above at 8.30 a. m.

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

cerebral thrombosis — Date of onset Aug 30

Other contributory causes of importance: senility — right foot arterio sclerosis

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? no 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) J F Dodson, M. D.

(Address) Nurseville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD