

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30999

1. PLACE OF DEATH

County St. Louis MO  
Township St. Louis  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Mo Pacific Hospital)

File No. \_\_\_\_\_  
Registered No. 7791  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2042 Yale av St., NR Ward, Misslenwood Mo.  
(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 m 4. COLOR OR RACE W. 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Myrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1856

7. AGE YEARS 79 MONTHS 3 DAYS 10 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner Baggage man  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac RR  
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) Kentucky

FATHER 13. NAME James W. Myrick

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

MOTHER 15. MAIDEN NAME Elyatak Nelson

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

17. INFORMANT (ADDRESS) Miss Alice Myrick  
2042<sup>1/2</sup> Yale av

18. BURIAL, CREMATION, OR REMOVAL PLACE Hematok DATE Sept 18 1935

19. UNDERTAKER (ADDRESS) Peter B...  
3029 Lafayette

20. FILED SEP 17 1935 19 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20<sup>th</sup> 1935 to Sept 16<sup>th</sup> 1935  
I last saw him alive on Sept 16<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 2:50 m.

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

Chronic Cholecystitis  
from stones  
Chr. Myocarditis

Other contributory causes of importance:

Senility 93C

Name of operation None 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) Robert L. Drury, M. D.  
(Address) Mo Pac. Hospital  
1700 So Grand

