

NOV 23 1935

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

Do not use this space.

33259

1. PLACE OF DEATH Linn

County.....

Registration District No. 496

Township.....

Primary Registration District No. 3075

City Brookfield (No. ....)

File No. ....

Registered No. 101

St. .... Ward)

2. FULL NAME Lester Myers

(a) Residence, No. 126 Grant St., 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva M. Helms Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/20/1899

7. AGE YEARS 36	MONTHS 4	DAYS 5	If LESS than 1 day, .....hrs. or .....min.
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8. Trade, profession, or particular kind of work done, as spinner, laborer  
sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, shoe maker  
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) Trenton Ho.  
(STATE OR COUNTRY)

13. NAME Clay Myers

14. BIRTHPLACE (CITY OR TOWN) Worth Co., Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Bettha Hyatt

16. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)17. INFORMANT Tux Helms  
(ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE Oct. 26 1935

19. UNDERTAKER E. W. Tree  
(ADDRESS) Brookfield, Mo.

20. FILED 11/9/35 1935 J. W. Helms Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1935, to Oct 25, 1935-

I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Date of onset

Ante mortem  
Lymphoid Fever  
12 hrs  
3 wks

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Stinal 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) J. W. Helms, M. D.

(Address) Brookfield, 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.

