

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.

MAR 24 1936

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

Do not use this space.

2401

1. PLACE OF DEATH

County *Permiscol*

Registration District No. *655*

Township

Primary Registration District No. *4392*

City *Stiles* (No. *13*)

File No.

Registered No.

St. Ward)

2. FULL NAME

James Harold Moyers

(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 *4* 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*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Irma Moyers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-11-1908*

7. AGE YEARS *26* MONTHS *2* DAYS *12* If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Coveleachville* (STATE OR COUNTRY) *ky*

13. NAME *J. A. Moyers*

14. BIRTHPLACE (CITY OR TOWN) *Cumfingham* (STATE OR COUNTRY) *ky*

15. MAIDEN NAME *Vera Hinckle*

16. BIRTHPLACE (CITY OR TOWN) *Mosco* (STATE OR COUNTRY) *ky*

17. INFORMANT (ADDRESS) *J. A. Moyers Commercial mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Charleston mo* DATE *1-24-36*

19. UNDERTAKER (ADDRESS) *German Funct., Co. Stiles mo*

20. FILED *3-10* 19. *36* *S. S. Robinson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-23-1936*

22. I HEREBY CERTIFY, That I attended deceased from *11/13/36* 19... to *11/25/36* 19...

I last saw h. *alive* on *1/23/36* 19... Death is said

to have occurred on the date stated above, at *9:15 a.m.*

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

Nephritis

Date of onset

Other contributory causes of importance:

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

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) *[Signature]* M. D.

(Address) *[Address]*

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

Do not use this space.

1. PLACE OF DEATH

County Pemissent
Township
City Steele (No.)

Registration District No. 655
Primary Registration District No. 4392

File No.
Registered No. Ward

2. FULL NAME

James Harold Meyer
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-36

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>26</u>	<u>2</u>	<u>12</u>	

nephritis Chronic Date of onset

8. Trade, profession, or particular kind of work done, as splaner, 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

Other contributory causes of importance:

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

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13. NAME

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

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

19. UNDERTAKER (ADDRESS)

Nature of injury.....

20. FILED 4/7 1936 S. G. Williams Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. McDaniel M. D.
(Address) Steele 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.

SUPPLEMENT

2401