

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.

22802

2723

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City North East Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Meyers Cora Fay  
 (a) Residence, No. 5122 Lyndale 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 FM. 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 Herman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-11 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	7	24	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House  
 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) Buckner Mo

FATHER  
 13. NAME Rebecca Webb

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

MOTHER  
 15. MAIDEN NAME Jenny Ewing

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

17. INFORMANT Mrs. Leta Harris (ADDRESS) Buckner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo DATE 6-6 1936

19. UNDERTAKER R. B. Webb (ADDRESS) Buckner Mo

20. FILED 6-6 1936 M. M. Cream, Asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1936

22. I HEREBY CERTIFY, that I attended deceased from Feb. 9, 1936, to June 4, 1936

I last saw her alive on June 4, 1936 Death is said to have occurred on the date stated above, at 11:30 P. M.

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

Chronic myocardial degeneration

Date of onset

Other contributory causes of importance: (Unknown)

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Lab + clinical 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Frank E. Day  
 (Address) 4316 9th St. K.C. Mo

