J. E. Hook
Jasper -

AUG 21 1936

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

Do not use this space.

27005

1. PLACE OF DEATH

County Jasper — Registration District No. 410 — File No.

Township Sheridan — Primary Registration District No. 5568 — Registered No. 15

City ~~Carthage~~ (No. , St. Ward)

2. FULL NAME Lloyd Myers

(a) Residence, No. Route 1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1904

7. AGE: YEARS 31 — MONTHS 11 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Chenoa Illinois

FATHER
13. NAME William J. Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER
15. MAIDEN NAME Nora L. Farmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) Dorothy Jane Myers Route 1 Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paradise Cem. DATE July 15 1936

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Missouri

20. FILED July 15, 1936 F. E. Hook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1936, to 7-14-, 1936

I last saw him alive on 7-13-, 1936. Death is said to have occurred on the date stated above, at 2 m.

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

Valvular Heart disease Developed in 1916

Date of onset

Other contributory causes of importance: 92

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, 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) W. H. Knott, M. D.

(Address) Jasper, Mo.

WRITE 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.

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