AUG 19 1936

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

Do not use this space.

30407

1. PLACE OF DEATH

County Daviess — Registration District No. 250 — File No.

Township ~~Union~~ — Primary Registration District No. 4150 — Registered No. 797

City Gallatin (No. , St. Ward)

2. FULL NAME Charles Foster Myers

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

Length of residence in city or town where death occurred 41 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: Amanda Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Marshall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gallatin, Mo.

10. Date deceased last worked at this occupation (month and year): Aug. 3, 1936

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carmel Ohio

FATHER

13. NAME: Abraham Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carmel Ohio

MOTHER

15. MAIDEN NAME: Samithia McCoppin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carmel Ohio

17. INFORMANT (ADDRESS): Mrs. Chas. Myers Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brown Cemetery DATE Aug. 5, 1936

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co. Gallatin, Mo.

20. FILED 8-5 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1936, to Aug. - 3 -, 1936

I last saw him alive on Aug. 3, 1936 Death is said to have occurred on the date stated above, at 1:10 PM

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

Angina Pectoris — Date of onset

94a

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, 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) L. R. Doolin, M. D.

(Address) Gallatin, Mo.

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