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

SEP 28 1936

Do not use this space.

331816

1. PLACE OF DEATH
County: Newton — Registration District No.: 609
Township: — Primary Registration District No.: 4363
City: Neosho (No. ..., ... St. ..... Ward)

File No.:
Registered No.: 96

2. FULL NAME: Charles Eugene Myers
(a) Residence, No. Sale Hospital, Neosho, Mo. Ward. Rocky Comfort, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 3, 1925

7. AGE: Years 11 — Months 0 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
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): Missouri

FATHER
13. NAME: John Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Grace Woodard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): John Myers, Rocky Comfort Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Cem. DATE: Sept. 1 1936

19. UNDERTAKER (ADDRESS): Les Cornell — Pineville, Mo.

20. FILED: 9-1 1936 Orval A. Dale, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1936, to August 30, 1936
I last saw him alive on August 30, 1936. Death is said to have occurred on the date stated above, at 9.25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Aug. 28 1936

Other contributory causes of importance:
Typhoid fever - August 15, 1936
Hemorrhage bowel - August 28, 1936
Perforation of bowel - August 28, 1936
Name of operation: Drainage of abdomen Date of: Aug. 28
What test confirmed diagnosis? Laboratory 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) Orval Dale, M. D.
(Address) Neosho, Mo.