

DEC 4 1936

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

Do not use this space.

Kendia

40060

1. PLACE OF DEATH

County ScottRegistration District No. 821

Township

Primary Registration District No. 4553City Sikeston

(No. _____)

File No. _____

Registered No. _____

St. _____ Ward)

2. FULL NAME Louisa Matthews Myers

(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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFW. H. Myers

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

Oct. 29 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.7902

OCCUPATION

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

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

Housework.

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)Scott County
Missouri

FATHER

13. NAME

Charles Matthews14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Mallins16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Mrs. Charles Mitchell
Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sikeston, Mo. DATE Nov. 2, 193619. UNDERTAKER
(ADDRESS)H. J. Welch
Sikeston, Mo.

20. FILED

Vol. 6 1936 H. H. Brunell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Oct 31, 1936.I last saw him alive on Oct 31, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Generalized Arteriosclerosis
Chronic Myocarditis
with Coronary Sclerosis
Acute Dilatation of the Heart

Date of onset

Oct 28 - 36

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 _____, 1936Where 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) Howard M. Leedy, M. D.(Address) Sikeston, Mo.

