

JAN 20 1937

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

Do not use this space.

44616

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blair Primary Registration District No. 3019
City Independence (No. _____) St. _____ Ward _____

File No. _____
Registered No. 383

2. FULL NAME Otis Beecher Myers

(a) Residence, No. 115 S. Pendleton St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 5 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 Eva O. Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 5 19

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. Merchant
10. Date deceased last worked at this occupation (month and year) October 19, 1936 11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency City Iowa

MOTHER 13. NAME Edbridge Davis Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency City Iowa

15. MAIDEN NAME Lettie E. Binkley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Plymouth Ohio

17. INFORMANT Mrs. Eva O. Myers
(ADDRESS) 115 S. Pendleton Indep Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Dec 8 1936

19. UNDERTAKER (ADDRESS) W. + Mitchell Independence Mo.

20. FILED 12-12-1936 F. L. Corke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1931, to Dec 6, 1936

I last saw him alive on Dec 6, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

Arterio Sclerosis - renal disease with failing compensation
Date of onset Nov 13, 1936

Other contributory causes of importance: no other to my knowledge

Name of operation none Date of _____
What test confirmed diagnosis 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? no
If so, specify _____

(Signed) W. Allen, M. D.
(Address) Independence, Mo.

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.

