

JAN 20 1937

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

Do not use this space.

46532

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **2632 Lawton**)
Ward.....

2. FULL NAME **William Myricks**

(a) Residence, No. **2632 Lawton** St. **21** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **25** 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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Myricks		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1887		
7. AGE	YEARS 49	MONTHS 6
	DAYS 21	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Ark**

FATHER 13. NAME **William Myrick Sr**

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Ark**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Ark**

17. INFORMANT **Helen Myrick**
(ADDRESS) **2632 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Green wood** DATE **dec 20 1936**

19. UNDERTAKER **J.W Hughes**
(ADDRESS) **2620 Lawton**

20. FILED **DEC 19 1936** **J.F Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 15 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 5 1936** to **Dec 15 1936**

I last saw him alive on **Dec 15 1936** Death is said to have occurred on the date stated above, at **9:00 p.m.**

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset **Dec 5**

Other contributory causes of importance:
108

Name of operation..... Date of.....
What test confirmed diagnosis? **Cerebral** 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) **W. J. Young** M. D.
(Address) **7316 Market**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

