

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

Do not use this space.

47310

JAN 7 1937

1. PLACE OF DEATH
 County St. Louis Registration District No. 827
 Township Delany Primary Registration District No. 4500
 City Delmar (No. _____) St. _____ Ward _____

2. FULL NAME Alice 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>3</u>	<u>1</u>	

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

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) Stevenson Co. Ill.

FATHER

13. NAME Silas Trumbleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME Astrella Starin

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

17. INFORMANT (ADDRESS) C. W. Trumbleton
Plevana, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardy DATE Dec. 12, 1936

19. UNDERTAKER (ADDRESS) E. E. Hopper
Clatsop, Mo.

20. FILED Dec 17 1936 Roy Hamilton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Very sudden found in bed at her home
 Date of onset _____

Other contributory causes of importance:
after consulting relatives and friends, deemed surgical unnecessary

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external cause (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) James G. Swan M.D.
 (Address) Jameswell 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.

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

