

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

Do not use this space.

FEB 17 1937

1. PLACE OF DEATH

County Jasper
Township
City Monroe Mo. No.

Registration District No. 413

Primary Registration District No. 4245

File No.

1893

Registered No. 3

St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St., Ward:

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 18 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1
59 10 18 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

13. NAME William L Myers
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Amanda Liver

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

17. INFORMANT Leon Dunlap (Son)
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE January 15, 1937

19. UNDERTAKER
(ADDRESS) H. L. Weaver Funeral Home

20. FILED 2-5, 1937 Harry A. Weaver
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 1937, to Jan 12, 1937.

I last saw her alive on Jan 12, 1937. Death is said

to have occurred on the date stated above, at 12:30 P.M.

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

Cerebral Hemorrhage

Date of onset

1/12/37

Other contributory causes of importance:

Arterio sclerosis

Name of operation Clinical Date of

What test confirmed diagnosis? 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) P. M. J. G. (Signature) M. D.

(Address) Webb City Mo

