

MAR 5 - 1937

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

Do not use this space.

8542

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003
Barnes Hospital

File No.
Registered No. 1997
St. Ward

2. FULL NAME

Albert Shelby Myers
(a) Residence, No. East Prairie, Mo. St. n R Ward. East Prairie, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 4 25

8. Trade, profession, or kind of work Common laborer

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

10. Date deceased last worked at this occupation (month and year) Feb. 9, 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) East Prairie, Mo. (STATE OR COUNTRY)

13. NAME Albert Shelby Myers

14. BIRTHPLACE (CITY OR TOWN) East Prairie, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Olene Ferguson

16. BIRTHPLACE (CITY OR TOWN) Franklin, Ky. (STATE OR COUNTRY)

17. INFORMANT Albert Shelby Myers (ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Prairie, Missouri DATE Feb. 14, 1937

19. UNDERTAKER Travis Shelby (ADDRESS) East Prairie, Mo.

20. FILED FEB 16 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 12, 1937, to 2 - 12, 1937

I last saw him alive on 2 - 12, 1937 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Brain Abscess due to sinusitis - 37
Meningitis (non-epidemic type) 2-12-37

Suppurative Sinusitis 2-1-37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Robert Kotaw M. D.

(Address) BARNES HOSPITAL

6406 Kings Highway

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.

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