

MAY 21 1937

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

Do not use this space.

16487

3

1. PLACE OF DEATH

County Rocky
Township Stark
City Preston, Mo. (No. _____)

Registration District No. 364
Primary Registration District No. 46-09

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2115 RACE St. Ward. DENVER, Colo.
(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 fm 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Edward J Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th 1903

7. AGE YEARS 33 MONTHS 9 DAYS 21 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwf

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) Douglas Colorado

13. NAME A. R. Mason

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jim Owens
Mason

18. BURIAL, CREMATION, OR REMOVAL PLACE Regency Colo DATE ✓ 19.....

19. UNDERTAKER (ADDRESS) Wheatland Home
Wheatland Mo

20. FILED April 21, 1937 J. M. Wheatland Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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 10:00 a.m.

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

Auto-Accident Date of onset

Highway 65, 1 mile North Preston Mo

Other contributory causes of importance: 210 MA

Struck by a Kroger transport truck

Name of operation..... Date of.....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4-21, 1937

Where did injury occur? 1 mi North Preston, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Auto accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. S. Johnston M. D.

(Address) Wheatland 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.

