

JUN 16 1937

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

Do not use this space.

19398

1. PLACE OF DEATH

County Bollinger
Township Wayne
City Zalma Mo. (No. _____)

Registration District No. 69
Primary Registration District No. 5108

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

2. FULL NAME

Effie Serina Myers

(a) Residence, No. Zalma, Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 5 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. Home
10. Date deceased last worked at this occupation (month and year) April 23, 1937 11. Total time (years) spent in this occupation. 34 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meran Mo.

13. NAME Robert Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazear Mo.

15. MAIDEN NAME Emilie Clark Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazear Mo.

17. INFORMANT Mrs. Walter D. Back (ADDRESS) Marble Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill Cemetery DATE May 3, 1937

19. UNDERTAKER Cahen, Funeral Home (ADDRESS) Antietam, Mo.

20. FILED June 4, 1937 Mo. J. V. B. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 25, 1937, to May 1, 1937. I last saw her alive on May 1, 1937. Death is said to have occurred on the date stated above, at 9:40 P.M.

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

Date of onset April 25, 1937

Other contributory causes of importance: Hemiplegia of right side
Chronic Myocarditis 1934

Name of operation _____ Date of _____

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? No. If so, specify _____ (Signed) Dr. R. A. Smith, D.O., M.D. (Address) P.O. Box #62 - Zalma, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

