

AUG 25 1937

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

Do not use this space.

27586

## 1. PLACE OF DEATH

County Laclede  
Township Murphy  
City ..... (No. .....)

Registration District No. 448  
Primary Registration District No. 0608

File No. .....  
Registered No. 16 Ward .....

## 2. FULL NAME

Jasper Thomas Meyers (Meyers)  
(a) Residence No. ..... St. ..... Ward. .....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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) 12-11-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
18 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Laclede Co. Mo.13. NAME Marion Keller Meyers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hebert Co. Mo.15. MAIDEN NAME Nancy Emeline Montgomery16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.17. INFORMANT Jasper Montgomery (ADDRESS) Conway R.F.D.18. BURIAL, CREMATION, OR REMOVAL PLACE Home on Hill, Ma. 6/15/3719. UNDERTAKER H. E. Holman (ADDRESS) Laclede Co. Mo.20. FILED 7-27 1937 Are Montgomery Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 - 193722. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to June 14 1937

I last saw him alive on June 5 1937 Death in said to have occurred on the date stated above, at 5 a.m. Fresh Land  
The principal cause of death and related causes of importance were as follows:  
Rheumatic Myo Carditis Date of onset 5-7 years ago

Other contributory causes of importance: 5/10

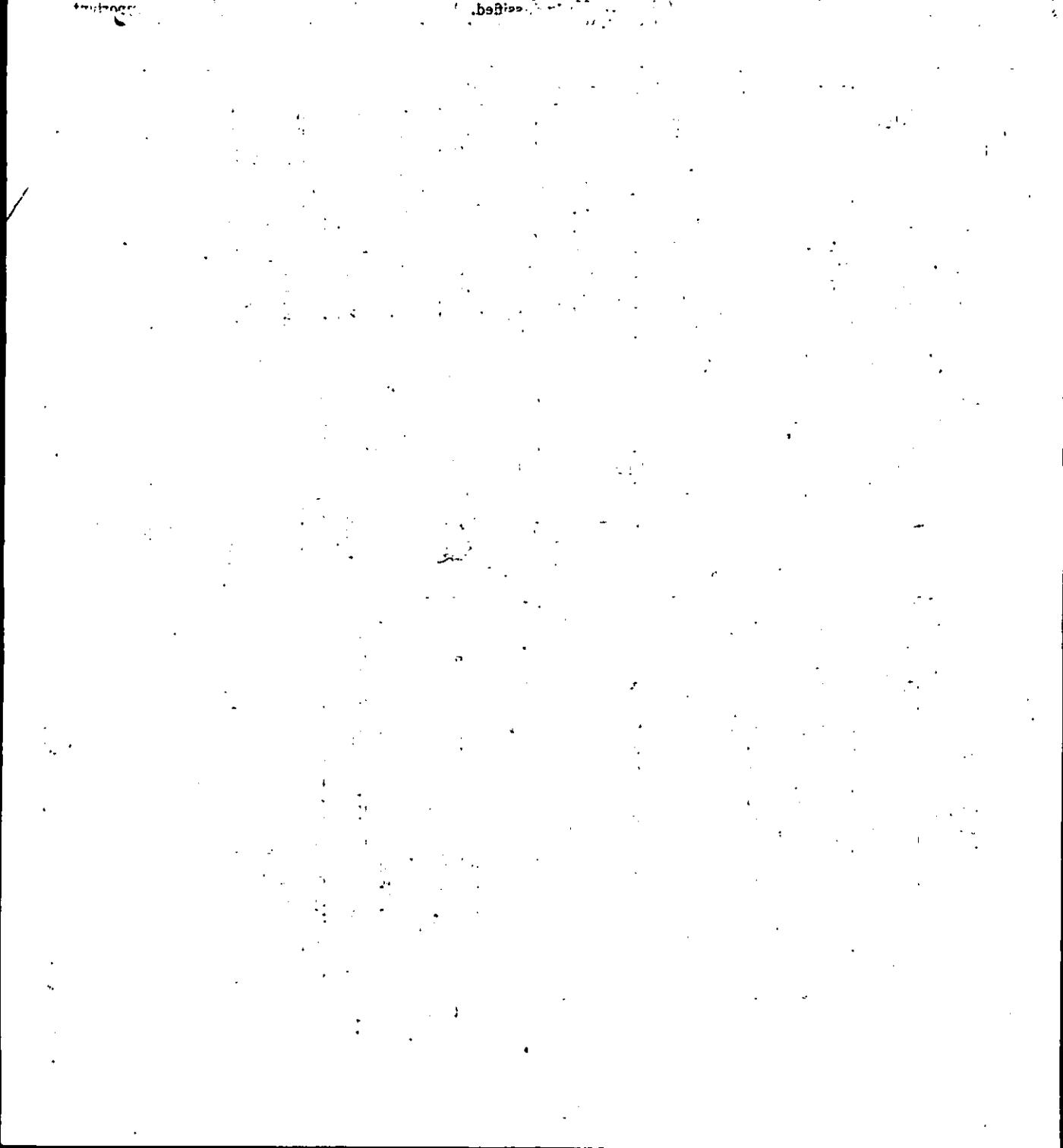
Name of operation ..... Date of .....What test confirmed diagnosis? ..... Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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) E. Taylor M. D.  
(Address) Phillipsburg, 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

27586  
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1. PLACE OF DEATH

(a) County Laclede Registration District No. 448  
(b) Township Union Primary Registration District No. 3608 Registered No. 16  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jasper Thomas MYERS  
(a) Residence, No.                      St.                       
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19       to       , 19      

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-11-1918

I last saw h..... alive on       , 19      . Death is said to have occurred on the date stated above, at        m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
18 6 3

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

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

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19      

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7-27 1937 John Montgomery Local Registrar.

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?..... 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) E. S. Saylor, M. D.

(Address) Phillipsburg Mo

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-27586