

OCT 18 1937

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

Do not use this space.

33895

## 1. PLACE OF DEATH

County Carroll  
Township Egypt  
City Norborne Mo (No. \_\_\_\_\_)

Registration District No. 138  
Primary Registration District No. 40780

File No. \_\_\_\_\_  
Registered No. 02  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mo. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mo. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1855

7. AGE YEARS 82 MONTHS 4 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 9 years ago 11. Total time (years) spent in this occupation 54 yrs

12. BIRTHPLACE (CITY OR TOWN) Rockingham Co. Virginia (STATE OR COUNTRY)

13. NAME Jacob Myers

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

15. MAIDEN NAME Barbara Ann Allbaugh

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

17. INFORMANT Mrs Chas Scheible (ADDRESS) Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairhaven DATE Oct. 7 1937

19. UNDERTAKER W. T. Stoud (ADDRESS) Norborne, Mo.

20. FILED Oct-7, 1937 B. C. Cole Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1937, to Oct 5 1937

I last saw him alive on Oct 5 1937. Death is said

to have occurred on the date stated above, at 100 m.

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

Bronchial Pneumonia Date of onset 9-24-37

Other contributory causes of importance: 1090  
Uremia, acute 9-24-37

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? No Date of injury no, 19 \_\_\_\_\_

Where did injury occur? no (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) Eugene J. Baker, M. D.

(Address) Norborne, Mo.

Certificate of Death from this Bureau, so that it may be properly classified. Exact statement of OCCUPATION is very important.

