NOV 18 1937

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

Do not use this space.

37801

1. PLACE OF DEATH
County Howell
Township
City West Plains, Mo. (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 4227

File No.
Registered No.

2. FULL NAME Birdie May Myers
(a) Residence, No. West Plains, 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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	7	

OCCUPATION
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.
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) Stoddard County, Missouri

FATHER
13. NAME E. H. Atkisson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Orria Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County, Missouri

17. INFORMANT Mrs. E. H. Atkisson
(ADDRESS) Bell City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Howell Valley Cem.
PLACE West Plains, Mo. DATE Oct. 6, 1937

19. UNDERTAKER Hal Thornburgh.
(ADDRESS) West Plains, Missouri

20. FILED 10-6 1937 Vida W. Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-2- 1937, to 10-4- 1937
I last saw h. alive on 10-4- 1937. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis &	
Appendical abscess	
(localized peritonitis)	

Other contributory causes of importance:

Name of operation Laparotomy & drainage Date of 10-3-37
What test confirmed diagnosis? Exploration Was there an autopsy? No

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) E. C. Gohrer, M. D.
(Address) West Plains 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.