

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Crocker Primary Registration District No. 3039
City Nevada (No. _____ St. _____ Ward)

File No. 42704
Registered No. 323

2. FULL NAME

Mary Jane Myers

(a) Residence, No. 528 W. Washington St., _____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. J. Myers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 1 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Unknown Missouri

13. NAME Dr. Albert Badger

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

15. MAIDEN NAME Sarah Halley

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

17. INFORMANT (ADDRESS) Fred Myers Buffalo, Mo.

18. BURIAL, CREMATION, OR REMOVAL Loganwood Cem DATE Nov 30, 1937

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED Dec 7 1937 Allen V. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937 to Nov 27 1937
I last saw h. alive on Nov 27 1937. Death is said to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Rectum.

Date of cert. Done
I know.

Other contributory causes of importance: None. Ho

Name of operation none Date of _____
What test confirmed diagnosis? Exam. 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) M. Love, M. D.
(Address) Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

