

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 3:7

Do not use this space.

1. PLACE OF DEATH

County Harrison
 Township Union
 City Eagleville (No. _____)

Registration District No. 5772
 Primary Registration District No. 337

File No. 2876
 Registered No. 1

2. FULL NAME

Not named (miscarriage) Myers (No. _____) (St. _____) (Ward _____)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX undetermined COLOR OR RACE White 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than-1 day, _____ hrs. or _____ min.
2 months old
embryo

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Eagleville (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Edwin Albert Myers

14. BIRTHPLACE (CITY OR TOWN) Bethany (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Edith Marie Rucker

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

17. INFORMANT Edith Marie Rucker (ADDRESS) Eagleville Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE premises DATE Jan 22 1938

19. UNDERTAKER None (ADDRESS) _____

20. FILED Jan 30 1938 D. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ? 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

embryo (not)
(I was called out to see patient several days after miscarriage had occurred, so did not see embryo nor had I seen the mother before.)
 Other contributory causes of importance: _____

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) William D. Holcomb M. D.
 (Address) Eagleville Missouri

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

1938
S-2876