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.

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

Do not use this space.

3
1

1. PLACE OF DEATH

48

County Jackson — Registration District No. 396 — File No. 2970

Township Fort Osage — Primary Registration District No. 5552 — Registered No.

City ~~Levasy~~ (No. (Car Accident on Hiway 24.) St. Ward)

2. FULL NAME Robert Porter Myers 620

(a) Residence, No. Savoy Hotel, Kansas City, Missouri (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~[illegible]~~ none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1911

7. AGE: YEARS 26 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Railroad
10. Date deceased last worked at this occupation (month and year) Dec. 31, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Missouri 6

FATHER

13. NAME Roy C. Myers 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Missouri 0

MOTHER

15. MAIDEN NAME Maude Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri

17. INFORMANT (ADDRESS) Roy C. Myers Moberly, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville, Mo. DATE Jan. 3, 1938

19. UNDERTAKER (ADDRESS) Vernon M. Reppert Buckner, Missouri

20. FILED Jan 2, 1938 John W Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1938 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Automobile Traumatism
Crushed skull left temporal parietal.
Fr mandible

Date of onset

Other contributory causes of importance:

In car

2 10 m
22

Name of operation ..... Date of .....

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/1/38

Where did injury occur? Hiway US 24 Levasy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Near Levasy

Manner of injury Cara Accident

Nature of injury Crushed skull left temporal parietal

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) ....., M. D.

(Address) [illegible] Dyton

358

RECEIVED
FEB 25 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH