

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

4426
Do not use this space.

2

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 911
 (c) City Nevada (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Betha May Myers 620
 (a) Residence, No. 1126 E. Main St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 4 0
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 10 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 3:15 p. m.
 The principal cause of death and related causes of importance were as follows:
Heart disease
Probably
Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: No Doctor
Cause
Died very sudden
 Name of operation _____ Date of _____
 What part of body _____ 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 or deceased? not on
 If so, specify _____
 (Signed) M. E. Ferry Coroner, M. D.
 79. (Address) Nevada Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosedale Missouri
 13. NAME Isaac Cogg
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Indiana
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 17. INFORMANT (ADDRESS) Meris Myers Nevada Mo
 18. BURIAL, CREMATION, OR REMOVAL Moore Cemet DATE Jan 13 1938
 19. FUNERAL DIRECTOR (ADDRESS) Ferry General Home Nevada Mo
 20. FILED Jan 12 1938 Allen Hays Local Registrar.

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.

RECEIVED

FEB 28 1938

DEPARTMENT OF VITAL STATISTICS
STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Lloyd R. Winicath, Licensed Embalmer No. 3867

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lloyd R. Winicath
Licensed Embalmer No. 3867

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)