

REC'D MAR 21 1938

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

Do not use this space.

7418

## 1. PLACE OF DEATH

66 County Marion  
Township Wesley  
0 City Palmyra (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 548  
Primary Registration District No. 4323

File No. \_\_\_\_\_  
Registered No. 22

2. FULL NAME Ernest O. Magers 262

(a) Residence, No. Palmyra, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
33 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Madair County, Mo.13. NAME Melvin Magers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.15. MAIDEN NAME Rilla Puneo16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan, Mo.17. INFORMANT Melvin Magers  
(ADDRESS) Palmyra, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Cemetery DATE 3/9/38 19.19. UNDERTAKER Lewis Broad  
(ADDRESS) Palmyra, Mo.20. FILED Mar. 9, 1938 Bertude Lee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 38 19

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 7, 1938  
I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 9:25 m. p. m.

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

Pulmonary Tuberculosis Date of onset Apr. 1937

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 Dr. J. H. Shelburne M. D.(Signed) Palmyra, Mo. (Address) \_\_\_\_\_

