

REC'D MAR 25 1938

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

Do not use this space.

8457

## 1. PLACE OF DEATH

County Worth  
 Township Liberty  
 City Grand City Mo (No. 2)

Registration District No. 903  
 Primary Registration District No. 4548

File No. 8457  
 Registered No. 8457  
 St. Mo Ward 620

## 2. FULL NAME

(a) Residence, No. Mary Anna Louie Myers St. Mo Ward 620  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Beldon Myers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16 1895  
 7. AGE YEARS 42 MONTHS 4 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Worth County  
(STATE OR COUNTRY) Missouri13. NAME Ira C Bridges14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Lillian Richardson16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)17. INFORMANT Carl B. Myers  
(ADDRESS) Grand City Mo18. BURIAL, CREMATION, OR REMOVAL Chapel DATE 3/1  
PLACE Chapel19. UNDERTAKER Chapman  
(ADDRESS) Grand City20. FILED 3/8 19 38 Fred Mull M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 19 3822. I HEREBY CERTIFY, That I attended deceased from Feb 27 19 38 to Feb 27 19 38

I last saw him alive on 2/27 19 37. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
 Date of onset

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) John Andrew M. D.

(Address).....

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

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