

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

Kevin
12842
 Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH
 (a) County Scott Registration District No. 821
 (b) Township _____ Primary Registration District No. 4553
 (c) City Sikeston (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Joseph W. Myers 620
 (a) Residence, No. North New Madrid 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 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 Isabelle Royal Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	1	23	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Justice of Peace

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) Feb 25, 1938 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Scott County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas Myers
 14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Morrison
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Mrs. J. W. Myers
 (ADDRESS) Sikeston, Mo.

18. BURIAL, ~~PREPARATION~~ ~~OR~~ ~~REMOVAL~~
 PLACE Sikeston, Mo DATE Mar. 5, 1938

19. FUNERAL DIRECTOR H. J. Welsh
 (ADDRESS) Sikeston, Mo.

20. FILED - 8 1938 Burns
 Local Registrar 539

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1938 to Mar 3-38
 I last saw him alive on Mar 3-38 Death is said to have occurred on the date stated above, at 11:30 m.

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

Other contributory causes of importance: 11a-

Date of onset	<u>Feb 27-38</u>
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Name of operation Clinical 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) Naward M. Keady, M. D.
 (Address) Sikeston Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-27-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, H. J. Welsh, Licensed Embalmer No. 774

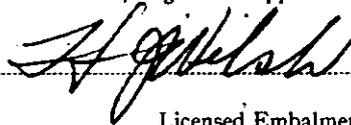
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. 3704

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 774

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.)