

REC'D SEP 14 1938

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

28406
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 7
(b) Township _____ Primary Registration District No. _____ Registered No. 893
(c) City St. Joseph (d) Street No. Saint Josephs Hospital St. _____
(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. 6 How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Peter Myers

(a) Residence, No. _____ St. Emmetsburg Iowa
(Usual place of abode, if no street address, write county or city) (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 Raphael Myers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wolf River Wisconsin

FATHER 13. NAME Frederick Myers 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward J. Myers Emmetsburg Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmetsburg Iowa Aug 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Barny Wylie 218 510th St. St. Joseph Mo.

20. FILED 8/31 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 30 1938

22. I HEREBY CERTIFY, That deceased died on 8/30, 1938, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Injuries Received when struck by auto as a pedestrian

Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external cause (accident, fall in also the following: Accident, suicide, or homicide accident Date of injury 8/30/38
Where did injury occur? Buchanan Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury struck by auto
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) W. Tadlock - Coroner M. D.
(Address) Wing Hill Bldg.

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.

