

1939 MAY 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15491
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 3079
 (c) City Hannibal (d) Street No. Myers Place 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Maxwell Myers

(a) Residence, No. Myers Place Hannibal, Mo. 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 Katherine Huff Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1853.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 I II

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. Groc. Store
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Upper Sandusky /
 (STATE OR COUNTRY) Ohio /

FATHER 13. NAME Peter F. Myers /

14. BIRTHPLACE (CITY OR TOWN) Pa. /
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Maxwell

16. BIRTHPLACE (CITY OR TOWN) Pa.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. W. M. Myers
 (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem. DATE Apr. 4 39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
 (ADDRESS) 902 Bdwy, Hannibal, Mo.

20. FILED Apr 4 1939 W C A Tucker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938 to Apr 1, 1939
 I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Broncho-Pneumonia 12-10-38

Other contributory causes of importance: 107W

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? No
 If so, specify (Signed) H. R. Banks, M. D.

(Address) Hannibal, 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.

Banks

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**Charles Louis Quest**....., Registered Apprentice No. **150**
working under my personal supervision.

Signed.....*Crawford Smith*.....

Licensed Embalmer No. **3814**.....

P. O. Address **Hannibal, Missouri**.....

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.)

If this body is not embalmed, above space should be left blank.