

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

Do not use this space.

MAY 19 1939

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 15877  
Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 76  
City Moberly (No. Mc Cormick Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MAGGIE MYAR

(a) Residence, No. Mc Cormick Hospital Huntsville, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF: \_\_\_\_\_ (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 11 8

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) Huntsville (STATE OR COUNTRY) Mo.

13. NAME Henry Myar

14. BIRTHPLACE (CITY OR TOWN) German (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Elizabeth Wright

16. BIRTHPLACE (CITY OR TOWN) Randolph (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Jim Owens (ADDRESS) Columbia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE April 28, 1939

19. UNDERTAKER Tom Patton (ADDRESS) Huntsville mo

20. FILED Apr. 28, 1939 Paul Trilleaux Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939 to April 26, 1939

I last saw her alive on April 26, 1939. Death is said to have occurred on the date stated above, at 4:35 P.M.

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

Pneumonia (metastatic) Date of onset 4.23

Other contributory causes of importance: Fracture of femur 1915 15 15 15

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4.18, 1939

Where did injury occur? Huntsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Well

Nature of injury Fracture of hip (contract cane)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) T. L. McCormick, M. D.

9.2 (Address) Moberly

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.

RECEIVED

District Health Officer No. 10

District File Number 10-32-919

Date Filed MAY 18 1939