

REC'D JUN 20 1939

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

18274

Do not use this space.

1. PLACE OF DEATH

(a) County... CAPE GIRARDEAU Registration District No. 131
(b) Township... RANDOL Primary Registration District No. 5782 Registered No. _____
(c) City... _____ (d) Street No. CAPE CO R.F.D.#1 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 JESSIE L. MYERS

(a) Residence, No. CAPE CO R.F.D.#1 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 18th 1939</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or <u>6</u> min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>CHILD</u>		
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
12. BIRTHPLACE (CITY OR TOWN) <u>CAPE GIRARDEAU</u> (STATE OR COUNTRY) <u>MO.</u>		
13. NAME <u>JESSIE B. MYERS</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>CAPE CO</u> (STATE OR COUNTRY) <u>MO.</u>		
15. MAIDEN NAME <u>DASIE USSERY</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>CAPE CO</u> (STATE OR COUNTRY) <u>MO.</u>		
17. INFORMANT <u>JESSIE B. MYERS</u> (ADDRESS) <u>CAPE CO R.F.D.#1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>IONA CEMT</u> DATE <u>5/18/1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>L. L. HAMAN</u> (ADDRESS) <u>CAPE GIRARDEAU MO</u>		
20. FILED <u>June 5, 1939</u> <u>Oliver Miller</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17 1939 to May 18 1939
I last saw him alive on May 17 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Congestion of Lung

Date of onset

1612

Other contributory causes of importance:
Mother sick with influenza
at time of birth

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) [Signature], M. D.
(Address) [Address]

N. E.—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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

• Licensed Embalmer No.....

P. O. Address.....

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.