

AUG 1 1939

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

26220

Do not use this space.

1. PLACE OF DEATH

(a) County Maxion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. S.T. Elizabeth Hosp. Registered No. 202
(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

James Myers
(a) Residence, No. Bush 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from July 4 1939 to July 9 19396. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1939I last saw him alive on July 7 1939 Death is said to have occurred on the date stated above, at 6 p.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn - - - - -

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

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

Date of onset

Hydrocephalus
(Hydrocephalus)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

Other contributory causes of importance:

none13. NAME Virgil Myers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

Name of operation Date of

What test confirmed diagnosis? exam Was there an autopsy?15. MAIDEN NAME Mildred Williamson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

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.

17. INFORMANT (ADDRESS) Virgil Myers
P.O. Bush

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Olivet Cem DATE July 5 - 1939

Manner of injury

Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Connell
Hannibal, Mo

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Pugh, M. D.20. FILED July 5, 1939 W. C. Fisher Local Registrar.48 (Address) 2001 Rodney

(Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AOS should be stated EARLY. PARTICULARS ABOUT 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..... *Michael J. O'Hara*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

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