

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

Do not use this space.

FILED JUN 3 1946

19140

1. PLACE OF DEATH
 County Scotland Registration District No. 326
 Township _____ Primary Registration District No. 4482
 City Memphis (No. _____) St. _____ Ward _____

2. FULL NAME Dora Meyers
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 20
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alfred S Myers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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 _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County Mo
 13. NAME Jasper Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Sallie Walker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Dorthy Roberts (ADDRESS) Memphis Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memphis DATE Apr 26 1946
 19. UNDERTAKER R. W. Payne (ADDRESS) Memphis, Mo
 20. FILED May 20 1946 Mrs. E. G. Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1946
 22. I HEREBY CERTIFY, That I attended deceased from April 2 1946, to April 24 1946
 I last saw her alive on April 16 1946 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Metastatic carcinoma of uterus Date of onset 1944
Bronchial pneumonia 1940-46
 Other contributory causes of importance: 492
Valvectomy Bilateral
 Name of operation December 27 Date of 1944
 What test confirmed diagnosis Biopsy Was there an autopsy? No
 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) E. E. Hilliker M. D.
 (Address) Memphis, 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.

18017

RECEIVED

District Health Officer No. 10

File Number *5-46-1075*

Date Recd. *MAY 26 1946*