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

Do not use this space.

JUN 12 1937

File No. 19502

Registered No. 594

1. PLACE OF DEATH
County. Buchanan Registration District No. 35
Township ... Primary Registration District No. 55
City St Joseph (No. Catholic Hospital St. / Ward)
ST. JOSEPH HOSPITAL

2. FULL NAME James Myers

(a) Residence, No. 1311 So 4th St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
about 79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker
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) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Welfare Board
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE 5/21/37

19. UNDERTAKER J. L. Eberly
(ADDRESS) St Joseph Mo

20. FILED 5/21/37 By R. H. Matthews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-19-1937

22. I HEREBY CERTIFY, That I attended deceased from May-1-, 1937, to May-19-, 1937
I last saw h... alive on May-19-, 1937. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Mitral Stenosis	

Other contributory causes of importance:
Arteriosclerosis, Arteriosclerotic heart disease, Hypertension, Auricular Fibrillation

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) L. L. Hamilton, M. D.
(Address) St Joseph Mo

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.

WRITE PLAINLY, WITH INDELIBLE PENCIL OR PEN AND INK

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