

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township Joseph Mo Primary Registration District No. 1001

City Joseph Mo (In Wesley Hosp) St. _____ Ward _____

File No. 2065

Registered No. 46

2. FULL NAME Betty Jane Myers 6200

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 1 yr. How long in U. S., if of foreign birth? yrs. mos. ds.

Non Res Clarkdale Mo
(If nonresident, give city or town and State)

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 Milton C. Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 1 4

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) 1 - 10 - 38 **11. Total time (years) spent in this occupation** 30

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

13. NAME Ellis F. Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Harmon

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

17. INFORMANT (ADDRESS) Milton Myers

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkdale Mo DATE 1-13-38

19. UNDERTAKER (ADDRESS) John G. Bean Clarkdale Mo

20. FILED 1-17-38 A. J. Neethling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1938, to Jan 12, 1938

I last saw him alive on Jan 11, 1938. Death is said

to have occurred on the date stated above, at 3 A.m.

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

Cerebral Hemorrhage

Date of onset Jan. 10, 38

Other contributory causes of importance:

Arteriosclerosis

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 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 a factory, in a home, or in a 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) Gladyce Kahn Anten D. O.

(Address) 3 Stewartville Mo

NOTE—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.

