

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

Do not use this space.

1905

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No.)

Registration District No. 548
Primary Registration District No. 432B

File No.
Registered No. 114
St. Ward

2. FULL NAME

Miss Annie Martha Myers

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

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Practical nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Herman, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER C. Schaumburg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anne Christiana Hamburg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Miss Schaub
(Address)

15. FILED 1-24-30 Dr. J. F. ...
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Jan 2, 1930
that I last saw her alive on Dec 30, 1930, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Block
116
95R

CONTRIBUTORY indigestion
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Hartwell, M.D.

-4, 1930 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Palmyra
Greenwood Cemetery DATE OF BURIAL Jan. 4, 1930.

20. UNDERTAKER E. J. Sprague ADDRESS Palmyra, 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.

1930

