

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

Do not use this space.

28421

35-19

**1. PLACE OF DEATH** Vet. Adm. Hospital

County... Jackson.....  
Township How.....  
City Kansas City.....

Registration District No. ....  
Primary Registration District No. ....  
(No. U. S. Veterans Hosp.....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME** MYERS, Wm. Franklin

SPBW C-1 564 395

(a) Residence. No. 706 Tyler, Topeka St. 7 Ward. Pvt. 1/C 3rd B&S Det  
(Usual place of abode) Kansas (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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

MALE WHITE MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	35	10	10	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Harveyville,  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Records, Vet. Adm. Hosp.  
(Address) Kansas City, Missouri

15. FILED 8/22 1931 M. M. Brown REGISTRAR  
asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 22, 1931.

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931 to August 22, 1931 that I last saw him alive on August 22, 1931, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Status Lymphaticus

6-6-31  
6-7

(duration) Unknown. yrs. mos. ds.

CONTRIBUTORY Goiter, Toxic  
(SECONDARY)

(duration) Unknown. yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH Unknown

DATE OF OPERATION PRECEDE DEATH. No DATE OF -

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) W. E. Chambers, M. D.  
W. E. CHAMBERS, Medical Officer in Charge  
Veterans' Administration Hospital, Kansas City, Mo.

\*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

Topeka, Kansas

DATE OF BURIAL Aug 22 19 31

20. UNDERTAKER

Freeman Mortuary

ADDRESS

K. C. 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 UNFADING INK—THIS IS A PERMANENT RECORD

