

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

Do not use this space.

9135

1. PLACE OF DEATH  
 59 County Burmingham Registration District No. 508  
 Township Lehillicoth Primary Registration District No. 3026  
 City Lehillicoth (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nancy Cordelia 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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

OCCUPATION

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

FATHER

13. NAME Abel Boy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lehillicoth Mo

MOTHER

15. MAIDEN NAME Millarsa Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Abel Boy Lehillicoth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgemoor Cem DATE Mar-7-1932

19. UNDERTAKER (ADDRESS) Jas D Gordon Lehillicoth Mo

20. FILED 3/5 1932 R. Barney Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-4-1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to March 4, 1932  
 I last saw him alive on March 3, 1932 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:  
acute Indigestion Date of onset 1180

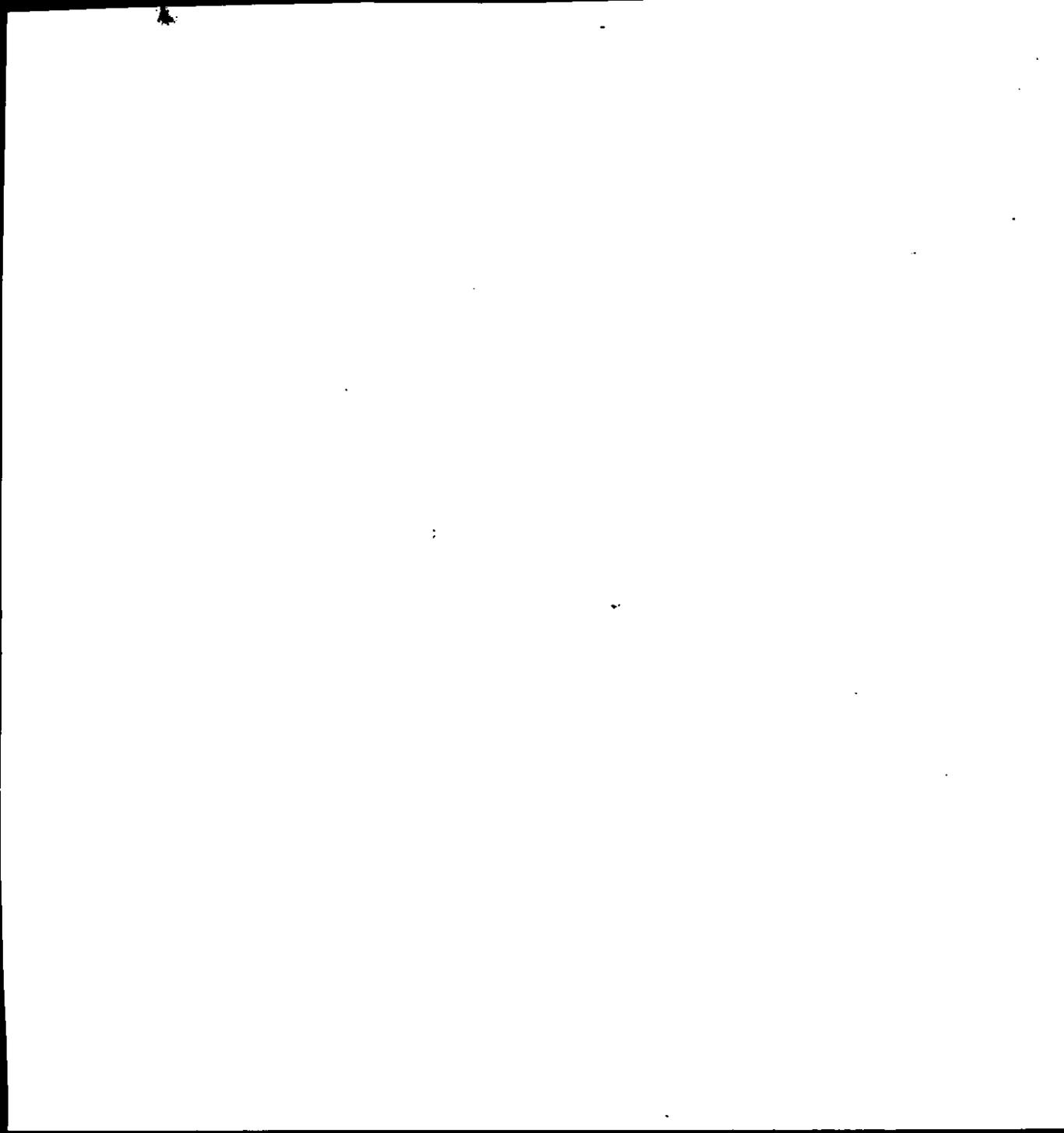
Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) Wm Gardner, M. D.  
 (Address) Lehillicoth Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Livingston  
Township.....  
City Chillicothe (No. ....)

Registration District No. 5-88  
Primary Registration District No. 2026

File No. ....  
Registered No. 24  
St. .... Ward)

**2. FULL NAME**

Nancy Cordelia 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

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

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

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED May 10 1932 R. Barney Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 4 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the ..... m.  
The principal cause of death and related causes of importance were as follows:

*Acute Indigestion*  
*had no teeth*  
*could not masticate food*  
*had had eaten unusually heavy supper.*  
Other contributory causes of importance:  
*Chronic Gastritis*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify.....

(Signed)....., M. D.  
(Address).....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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