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.

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

Do not use this space.

12652

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 1591
Township KAW — Primary Registration District No. 1001 — Registered No.
City KANSAS CITY (No. 1335, SOUTH PASEO PLACE St. ..... Ward)

2. FULL NAME JAMES R. MYERS
(a) Residence, No. 1335 So. Paseo Pl. St., 13 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: MALE
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~~) MRS. LEDA M. MEYERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-9-1864

7. AGE: YEARS 68 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN 172
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WHOLESALE DRUGS
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 30 YEARS

12. BIRTHPLACE (CITY OR TOWN) WASHINGTON 2
(STATE OR COUNTRY) INDIANA

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) 31
(STATE OR COUNTRY) UNKNOWN

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

17. INFORMANT W. C. ARROWSMITH
(ADDRESS) 1335 SOUTH PASEO PLACE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE APRIL-15 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST

20. FILED 4-15- 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932 to Apr 13, 1932
I last saw him alive on Apr 13, 1932. Death is said to have occurred on the date stated above, at 1:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
Mitral Regurgitation	
Myocardial Insufficiency	
	131
Other contributory causes of importance:	
Arteriosclerosis (1)	92
Chronic Nephritis	131

Name of operation: non — Date of ✓
What test confirmed diagnosis? medical — 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? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) M. F. Howell, M. D.
(Address) 203 Westover Bldg.