

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

Do not use this space.

18521

**1. PLACE OF DEATH**

County Wayne  
Township St. Francois  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 890  
Primary Registration District No. 4034  
6188

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert Meyers, Jr.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25th. 1932

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

YEARS	MONTHS	DAYS
	<u>1</u>	<u>5</u>

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) Wayne County, Mo.

13. NAME Albert Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

15. MAIDEN NAME Myrtle Deering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, Mo.

17. INFORMANT (ADDRESS) Albert Meyers Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Twidwell Cemetery May 31, 1932

19. UNDERTAKER (ADDRESS) F. C. Yates Piedmont, Mo.

20. FILED May 30, 1932 A. S. Semperton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1932, to May 30, 1932  
I last saw him alive on May 25, 1932 Death is said to have occurred on the date stated above, at 52 m.

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

Enterocolitis Date of onset May 20, 32

119 119B

Other contributory causes of importance:

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) A. S. Semperton, M. D.  
(Address) Greenville, Mo.

