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.

JUN 21 1932

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

Do not use this space. 18859

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No.
2 Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 120
7 City Fulton (No. Mo. State Hospital No. 1 St. Ward)

2. FULL NAME Herman Meyers (From Jackson County)
(a) Residence, No. State Hospital No. 1 St. Fulton Mo. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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): Dont Know

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

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

7. AGE: YEARS 79 — 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. Dont Know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dont Know
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) Dont Know, 31

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

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

17. INFORMANT (ADDRESS) Hospital,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo, DATE June, 13th 32, 19

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED 6-13, 1932 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from inspected dead body, 19, to 6-12 1932, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation from hanging	
165	
84 165	

Other contributory causes of importance:
Insanity 33 years duration

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ....., 19
Where did injury occur? Hospital No 1 Fulton Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At insane Hospital
Manner of injury hanging
Nature of injury self inflocted

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. H. Hall, M. D.
(Address) Coroner Callaway Co. Fulton