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.
26160

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No. 3068
City KANSAS CITY (No. 7328, TERRACE St. Ward)

2. FULL NAME WILLIAM DE KALB MYERS
(a) Residence, No. 7328 TERRACE St., 8 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. SUSAN E. MYERS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-30-1879
7. AGE: YEARS 53 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CREDIT MAN 3
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GENERAL BOX CO 25
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) WINFIELD KANSAS 2

FATHER
13. NAME T. B. MYERS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME EMILY MORGAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) MRS. SUSAN E. MYERS 7328 TERRACE
18. BURIAL, CREMATION, OR REMOVAL PLACE Winfield Kan DATE Aug 10 1932
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED Aug 9, 1932 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-8, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932, to Aug 8, 1932
I last saw him alive on Aug 8, 1932. Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Jan 15 —
131
9 AB
102
131 (1)

Other contributory causes of importance:
Coronary Thrombosis
Hyper Tension

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?
If so, specify
(Signed) H. Anderson, M. D.
(Address) 1025 Realty Bldg

10 ~~25 Realto Bldg.~~ Trinity Lutheran Hospital
~~2-4 (Wed)~~ 8:00 - 11:00 a.m.