WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 5 1933

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

Do not use this space.

96

36966

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Central Township Overland — Primary Registration District No. 6033 B — Registered No. 331

City ..... (No. Carter Way & Eugene St. ..... Ward)

2. FULL NAME John T Myers

(a) Residence. No. Carter Way & Eugene St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mule

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~~ Jane Myer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	10	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

PARENTS

10. NAME OF FATHER: Peter Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

12. MAIDEN NAME OF MOTHER: Emily Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England 8

14. INFORMANT: Clarence Myers
(Address) Carter Way & Eugene

15. FILED 11/28, 1932 Tolla Bray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27th 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1932, to Nov. 27th, 1932, that I last saw him alive on Nov. 26th, 1932, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

109

931 108

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 8 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. T. Coleman, M.D.

11-27, 1932 (Address) Pattonville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cuba Mo.

DATE OF BURIAL: 11/28 1932

20. UNDERTAKER: A. W. McLaughlin

ADDRESS: 1631 Missouri