SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. File No. 28392
Township Primary Registration District No. Registered No. 975
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Mrs. Edna Hazel Myers
(a) Residence, No. St., Ward. Bethany, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Edwin W. Myers,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24th. 1909
7. AGE: YEARS 25 | MONTHS 5 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Househeeping 12
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) August 1934
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richardson County, Nebraska,

FATHER
13. NAME: Artemas Vice,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nemaha County, Nebraska,

MOTHER
15. MAIDEN NAME: Oda Allen,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dawson, Nebraska,

17. INFORMANT (ADDRESS): Edwin W. Myers Bethany, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany, Mo. DATE Aug. 19, 1934
19. UNDERTAKER (ADDRESS): Keaton-Bethel & Bowman 319 So. 10th. St. Funeral Home
20. FILED 8-17-34 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934, to Aug 17, 1934
I last saw her alive on Aug 17, 1934 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	Aug. 13
Acute myocarditis.	

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Other contributory causes of importance:
Obstruction Common duct "Stone

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

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? No
If so, specify H. S. Conrad
(Signed) , M. D.
(Address) St Joseph Mo.

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.