OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wester — Registration District No. 896 — File No. 35590

Township Ozark — Primary Registration District No. 6198 — Registered No. 47

City Marshfield, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Willard Dale Myers

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

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: WMale
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: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-18-37

7. AGE — YEARS: — MONTHS: 5 — DAYS: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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): Marshfield, Mo.

FATHER

13. NAME: Irvin Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla

MOTHER

15. MAIDEN NAME: Olive P. Lakey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Duglas Co. Mo

17. INFORMANT (ADDRESS): Irvin Myers, Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE Sept 19 1937

19. UNDERTAKER (ADDRESS): Rex Rainey, Marshfield Mo.

20. FILED Sept. 24, 1937 Elizabeth Hughes, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to Sept. 18, 1937
I last saw him alive on Sept. 18, 1937. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Infectious Enteritis (Specific Organism not identified)	9/15/37

Other contributory causes of importance: Dehydration

119B

Name of operation — Date of —
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) C. R. Macdonnell, M. D.
(Address) Marshfield, Mo.

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.