

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

Do not use this space.

3591

1. PLACE OF DEATH  
 74 County Nodaway Registration District No. 624  
 8 Township Hopkins Primary Registration District No. 4375  
 © City Hopkins (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Elias Myers 620  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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 Elizabeth Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 1859

7. AGE YEARS 79 MONTHS 1 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) Nodaway Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Myers  
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Nebraska

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

17. INFORMANT Mrs Hazel Pasley (ADDRESS) Hopkins, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo DATE Jan. 24 1938

19. UNDERTAKER Stanley Swanson (ADDRESS) Hopkins, Mo

20. FILED 1/27 1938 H. Taylor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/11 1937 to 1/22 1938  
 I last saw him alive on 1/12 1938 Death is said to have occurred on the date stated above, at 6:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Senility Date of onset ?

Other contributory causes of importance:  
Arteriosclerosis

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? N  
 If so, specify \_\_\_\_\_  
 (Signed) C. H. Kutz \_\_\_\_\_, M. D.  
 (Address) Hopkins

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH