

REC'D MAY 25 1938

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

 File No. **16059**
 Registered No. **9**
 St. _____ Ward _____

1. PLACE OF DEATH

 County Dunklin
 Township Liberty
 City Osgood RFD. (No. _____)

 Registration District No. 853
 Primary Registration District No. 6117

2. FULL NAME

Isaac Keller 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. 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) widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Permelia Myers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
89 0 16

 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.

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) Ills.13. NAME Valentins Myers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.15. MAIDEN NAME Nancy Burnett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Malley W. Muller (ADDRESS) Osgood Mo RFD
 18. BURIAL, CREMATION, OR REMOVAL PLACE Abbey Cem. DATE Apr 22 1938
19. UNDERTAKER Abbey Cem (ADDRESS) Call Mrs20. FILED Apr 23 1938 Mrs Ruth Tucker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 1935 to 4-21 1938
I last saw him alive on April 18 1938. Death is saidto have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

bronchopneumonia Date of onset 4/16/38

Other contributory causes of importance:

Myocarditis
arteriosclerosis

Name of operation

What test confirmed diagnosis? fluid exam 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. W. Harris, M.D.7/6/38 (Address) Harris, Mo

