

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City Marshall

(No. Fitzgibbons Hospital)

File No. 19609

Registered No. 69

St. _____ Ward)

2. FULL NAME Christina Myers

(a) Residence, No. Springfield, Mo. St. _____ Ward. _____

(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

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

John William Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

73

7

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Denmark

MOTHER FATHER

13. NAME Fred Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Denmark

15. MAIDEN NAME Ann Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS) Mrs. B. G. Ferguson
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Springfield, Mo. DATE May 6 1938

19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home
Marshall, Mo.

20. FILED

5-4-1938 Mary Kent
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from held inquest 19to May 4 1938

I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:45 a.m.

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

Concussion of brain from impact in collision of car & truck

Date of onset

Other contributory causes of importance: 210 m

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? accident Date of injury: 5-4-1938

Where did injury occur? Enroute to hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On High way

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. C. Bradshaw _____ M. D.

(Address) Arrow Rock, Mo.

712 corner, Saline Co. 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.

