

REC'D APR 24 1939

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

10621
Deduplicate this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 4437
(b) Township Admelle MO Primary Registration District No. 1212
(c) City _____ (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lucy Ann Margaret Meyers
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - Wm H. Meyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
71 5 0

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 23, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Missouri

13. NAME Narrison Phoebe

14. BIRTHPLACE (CITY OR TOWN) Cooper Co.
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah A. Phoebe

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

17. INFORMANT (ADDRESS) Olvie 990
Atterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelham DATE Jan 25th, 1939

19. FUNERAL DIRECTOR (NAME) James E. Richards
(ADDRESS) Springfield

20. FILED Jan 24 1939 W. H. J. A. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 24, 1939

I HEREBY CERTIFY That I attended deceased from Jan 24, 1939 to _____, 19____.

I last saw h. or alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Carcinoma Breast

Date of onset

sk

Other contributory causes of importance: JD

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) W. H. J. A., M. D.

(Address) Atterville Mo

RECEIVED
DISTRICT HEALTH OFFICER No. 8
District File Number
Date Filed 4/22/34

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jesse E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.