

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

Do not use this space.

DEC'D OCT 12 1939

1. PLACE OF DEATH

County Calder Registration District No. 163
 Township Edwards Springs Primary Registration District No. 4095
 City Edwards Springs St. _____ Ward _____

File No. 32129

Registered No. 57

2. FULL NAME

(a) Residence No. 620 Joseph H Myers St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-18-1939

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joannie Myers

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939, to Sept 18, 1939.
 I last saw him alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10- ✓

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>5</u>	<u>8</u>	

Other contributory causes of importance: grip

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 (20 yrs)

10. Data 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) Iowa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT M. H. Myers
 (ADDRESS) Edwards Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City, (Can) DATE 9-20-1939

19. UNDERTAKER Quinn Siders
 (ADDRESS) Edwards Springs Mo

20. FILED 9-19-1939 J. W. Dawson Registrar

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?
 If so, specify _____

(Signed) J. W. Dawson M. D.
 (Address) Edwards Springs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-142

Date Filed 10-10-39

S-32129