

Estimate District No. **50** Primary Registrar's District No. **4081**

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

1. PLACE OF DEATH:
(a) County **BATH**
(b) City or town **SALT-LICK**
(c) Name of hospital or institution
(d) Length of stay: in hospital or community (year, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **KY** (b) County **BATH**
(c) City or town **SALT-LICK**
(d) Street No.
(e) If foreign born, how long in U. S. A. T. _____ years

3(a) FULL NAME **ROBERT B MYERS**
(b) If veteran, _____ (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6(a) Single, widowed, married, divorced **WIDOWED**
(b) Name of husband or wife
(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years **76** Months **10** Days **9** If less than one day _____

9. Birthplace **KY**
10. Usual occupation **FARMER**
11. Industry or business _____

FATHER: 12. Name **ALFORD MYERS**
13. Birthplace **KY**

MOTHER: 14. Maiden name **MARGUERITE JNESTMAN**
15. Birthplace **KY**

16(a) Informant's own signature **Ed Myers**
(b) Address **SALT LICK**

17. BURIAL, CREMATION, OR REMOVAL
Place **Stone CEM.** Date **MARCH 17 1944**

18(a) Signature of funeral director **Wm. J. Bowman**
(b) Address **SALT LICK, KY**
19(a) Date received by local Registrar **March 20 1944** (b) Registrar's signature **Walter Brecher**

MEDICAL CERTIFICATION
20. DATE OF DEATH **MARCH 15**
21. I hereby certify that I attended the deceased from **April 15 43** to **Mar 13 44** that I last saw him alive on **Mar 14 44** and that death occurred on the date stated above at **9 A.M.**
Immediate cause of death **Carcinoma Liver**
DURATION
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings
Of operations
Of autopsy

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place or public place?
Write of work (Specify type of work)
23. Signature **H. C. Dutton** (M. D. or other)
Address **Springfield KY** Date signed **4/15/44**