

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH (Dist. No. 2331)
(To be located by local Registrar)

Series No. 87

Division of Vital Statistics

County Loyal

West Virginia State Department of Health

District Triadelphia

CERTIFICATE OF DEATH

13581

or
Town or City Mau

No. _____ St.;

2 FULL NAME Alma Myrheir

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, Single
(Write the word)

16 DATE OF DEATH July 17, 1923
(Month) (Day) (Year)

6 DATE OF BIRTH August 25, 1904
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1923, to July 17, 1923 that I last saw her alive on noon and that death occurred, on the date stated above, at 4 P.M.

7 AGE 18 yrs 10 mo 22 da or 19 yrs
If LESS than 1 day, _____ hrs

The CAUSE OF DEATH was as follows: Accidental
(Primary)

8 OCCUPATION (a) Trade, profession or particular kind of work Housework (at home)
(b) General nature of industry, business, or establishment in which employed (or employer) -

Drowning
169
Instantaneous

9 BIRTHPLACE (State or country) Kentucky

CONTRIBUTORY (Secondary) None

10 NAME OF FATHER E. C. Myrheir

(Signed) Augustus Holderfield
July 17, 1923 (Address) Mau, W. Va.

11 BIRTHPLACE OF FATHER (State or country) Kentucky

NOTE: State in Disease Caused Death, its origin from Venereal Causes, Pleth Miasm or Injury; and whether Accidental, Suicidal, or Homicidal.

12 MAIDEN NAME OF MOTHER Lucy Hayes

18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS:

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

At place of death _____ yrs _____ mo _____ da In the State _____ yrs _____ mo _____ da
Where was (Cremated, if not at place of death?) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. C. Myrheir

Former or usual residence _____

(Address) Amherstdale, W. Va.

19 PLACE OF BURIAL OR REMOVAL Kentucky DATE OF BURIAL Jul 20 1923

20 Oct 25 1923 Martha Bailey REGISTRAR

20 UNDERTAKER A. B. Hilman

ADDRESS Mau, W. Va.