

1 DEGREE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Rowan

File No. _____

Vol. No. 11

Registration District No. 1311

Registered No. 4

Inn. Town Farmers

Primary Registration District No. 2506

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Mariane Myers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. Has been in U. S. if of foreign birth? _____ Yes _____ No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)

6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

4 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 64 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Bath, Pa. (State or country)

PARENTS
10 NAME OF FATHER Joe Myers
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country)
12 MAIDEN NAME OF MOTHER Lou Staten
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country)

14 (Informant) Mrs Florence Myers
(Address) Farmers Ky

15 March 9, 1932 Mrs T. B. Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 23 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date stated above at 11:30 p.m.
The CAUSE OF DEATH* was as follows:

Rectal Cancer
(Duration) 2 yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHEN WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Dr. J. H. ... M. D.
March 9, 1932 (Address) Farmers Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL
Union Graveyard Feb 20, 1932

20 UNDERTAKER Bernie T. Hassemer ADDRESS Bath, Pa.

WRITE PLAINLY, WE UNFADING INK.—THIS IS A PERMANENT RECORD
 M. S.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact state, city or town, and county of OCCUPATION is very important. See instructions on back of certificate.