

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

PLACE OF DEATH

County Buchanan

85

File No. 16305

Township \_\_\_\_\_

Registration District No. \_\_\_\_\_

or Village \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 455

or City St. Joseph,

(NO. Saint Joseph, Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ada C. Mercer,

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 3rd, 1883  
(Month) (Day) (Year)

AGE 48 yrs. 11 mos. 15 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Music Teacher  
(b) General nature of industry, business, or establishment in which employed (or employer) g. 204

BIRTHPLACE (City or town, State or foreign country) Warren Co. Ohio.

NAME OF FATHER Pembroke Mercer

BIRTHPLACE OF FATHER (City or town, State or foreign country) Warren Co. Ohio.

MAIDEN NAME OF MOTHER Mary Sabin.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warren Co. Ohio.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flourence Mercer

(ADDRESS) 110 South 12th St.

Filed May 21, 1912 W.B. Kelliny REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 10th, 1912, to May 18th, 1912, that I last saw her alive on May 18th, 1912, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of Larynx Intestine  
4th  
63  
123 D (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Spinal deformity of vertebrae  
(SECONDARY) (Duration) 20 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) J. H. Dameron M. D.  
May 18, 1912 (Address) 901 Charles

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: \_\_\_\_ yrs. \_\_\_\_ mos. 3 ds. In the 40 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death? 110 South 12th St.

Former or usual residence 110 South 12th Street.

PLACE OF BURIAL OR REMOVAL Savannah, Mo. DATE OF BURIAL May 21 '12 1912

UNDERTAKER HEATON & GOLE UND. CO. ADDRESS 224 So. 8th St.  
By J. H. Kasper

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.

WHILE I EXIST I WILL UNFADINGLY REMEMBER THIS IS A PERMANENT RECORD

