

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

Do not use this space.

8283

**1. PLACE OF DEATH**

County Jackson  
Towaship Kaw  
City Kansas City

Registration District No. 399

Primary Registration District No. C.R.2

File No. 1137

Registered No. 1137

St. City Hospital Ward

**2. FULL NAME**

Peter J. Mergen

(a) Residence. No. 2623 E 8th 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. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Rose Mergen

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec 15 - 1854

**7. AGE**

75 X

YEARS

MONTHS

3

DAYS

X

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Unemployed  
(b) General nature of industry, business, or establishment in which employed (or employer) Florist  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Luxemborg

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Nicholas Mergen

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Luxemborg

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Winkner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Luxemborg

(STATE OR COUNTRY)

**14. INFORMANT**

(Address)

Mrs Mergen  
2623 E 8th

**15. FILED**

\_\_\_\_\_ 19

3/17 27 M.M. Cron  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 15 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental fall - Traumatic  
left femur fractured  
1917  
1924 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

185 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection

(Signed) H.E. Mass, M. D.

3-15, 1927 (Address) Coroner

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Maryville Mo.

**DATE OF BURIAL**

3/25 1927

**20. UNDERTAKER**

Ketterlin Funeral Home  
2657 Ind. Ave  
P.E. Mo

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.

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