

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

Do not use this space.

12008

1. PLACE OF DEATH

County Jackson
Towship Kaw
City Kansas City (No. 5427 Central)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1815
St. Ward)

2. FULL NAME Louise Merriam Havens

(a) Residence, No. 5427 Central St. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. Havens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>0</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John O. Merriam

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass

12. MAIDEN NAME OF MOTHER Maria Barrett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass

14. INFORMANT Raymond M. Havens
(Address) Newbern Hotel

15. FILED May 3, 27 M. M. Croome
19... REGISTRAR Deer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30, 1927

17. Croome
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..... 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
13
17 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY)
(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? Heston
(Signed) H. E. Mass M. D.
4-30-1927 (Address) Croome

*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 Armed Forces
Elmwood Cemetery DATE OF BURIAL 5/3 1927

20. UNDERTAKER Stine & McClure ADDRESS 924 Oak

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.

