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

Do not use this space.

29645

File No. .....
Registered No. 68

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City ~~St. Joseph~~ (No. ....., ... St. ..... Ward)

2. FULL NAME Lena Merritt

(a) Residence. No. Aunt #2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	Wh	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	7	

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

9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER N. U. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Nicks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Horace Merritt
(Address) Aunt #2 Mo

15. FILED 10-26-1927 J. J. Ramsbottom REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/25th 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 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Left Kidney — Small white, nodular P. B. Degeneration
Rt " Larger, than Lt. larger cysts on R Kidney,
Bladder has ulcer at ureter opening with adhesion of Sigmoid possibly malignant Blood pressure all in urinalysis for 20 yrs.
Coma (duration) 2.0 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis 1) Kidneys (duration) 30 yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 133A
DID AN OPERATION PRECEDE DEATH? — DATE OF 1350
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem
(Signed) Lawrence M. Hall D.O. M.D.
10-26 1927 (Address) 410 Kirk Patrick Bldg.

*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 Joplin Mo
DATE OF BURIAL 10/27 1927
20. UNDERTAKER J. L. Shingley
ADDRESS 216 Do

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.