

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

Do not use this space.  
**9634**

**1. PLACE OF DEATH**

County Lawrence  
Township Cook  
City Lawrence (No.       )

Registration District No. 474  
Primary Registration District No. 3638

File No.         
Registered No. 2  
St.        Ward       

**2. FULL NAME**

George C Merrick

(a) Residence No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word)

5A. ~~Is MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF~~ Josephine Merrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-29-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 1 29

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

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

10. NAME OF FATHER William Merrick

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

12. MAIDEN NAME OF MOTHER Kathryn Freeman

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

14. INFORMANT Clara Merrick  
(Address) Eviston Mo. R.F.D. #4.

15. FILED 3-18-28 Geo C Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 2nd 1928 to Mar 17 1928  
that I last saw him alive on Mar 16 1928 and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
26 (duration) yrs. mos. 2 da.  
8 2 17

CONTRIBUTORY (SECONDARY) Spondylitis  
(duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH,       

DID AN OPERATION PRECEDE DEATH? no DATE OF       

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Exams.  
(Signed) L. J. Holm, M. D.  
, 19        (Address) Miller mo

\*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 Johns Chapel DATE OF BURIAL 3-18 1928

20. UNDERTAKER J. W. Morris ADDRESS Miller 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.

