

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.

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

Do not use this space.

32453

1. PLACE OF DEATH

County Scott Registration District No. 52 File No. 74
Township Pikehead Primary Registration District No. 6270 Registered No. _____
City Explosion (No. _____) St. _____ Ward _____

2. FULL NAME

Wm Charles Mertz
(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10 Dec 3 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 | 9 | 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Fred Mertz

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

12. MAIDEN NAME OF MOTHER Margie Gow

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

14. INFORMANT Maggie Taylor
(Address) Explosion Mo

15. 10/10/28 Marta Ekke
Filed on _____ at _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1928 to Sept 19 1928 that I last saw him alive on Sept 17 1928, and that death occurred, on the date stated above, at 11.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (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? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) H. D. Russell M. D.

19-19.1928 (Address) Explosion 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 DATE OF BURIAL

Arrow County 9/20 1928

20. UNDERTAKER ADDRESS

J. Welsh Explosion Mo

