FEB 21 1929

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

Do not use this space.

1000

1. PLACE OF DEATH

County: Franklin — Registration District No.: 297

Township: Washington — Primary Registration District No.: 3016

City: Washington (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 3

2. FULL NAME Emma Alice Merrill

(a) Residence. No. Villa Ridge St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	10	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Allen Merrill

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

12. MAIDEN NAME OF MOTHER Louretia White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Beverly, West Va.

14. INFORMANT Mrs. Lillie Poole
(Address) Villa Ridge Mo

15. FILED Jan. 8, 1929 O. L. Unmesh, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1929, to Jan. 6, 1929, that I last saw h. alive on Jan 6, 1929, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Interstitial Nephritis

131 Flu (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. Eisenkopf, M. D

1-8-, 1929 (Address) Washington 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: Odd Fellows Cem — DATE OF BURIAL: 1-9 1929

20. UNDERTAKER: Niebury & Vitt, Washington, Mo. — ADDRESS

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.

PREPARED WITH ONE HUNDRED MONTHS IS A PERMANENT RECORD

(3)