

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

Do not use this space.

6461

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kennett City Primary Registration District No. 100 Registered No. 102
 City Mo. (No. Memorial Hospital) St. _____ Ward _____

2. FULL NAME Mabelle Mergel

(a) Residence. No. 3240 Park Ave St. 13 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>Minor</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minor</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May-23-1928</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>-</u>	<u>8</u>	<u>11</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Kennett City, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Alexander Mergel Jr
 (STATE OR COUNTRY) Mo.

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

12. MAIDEN NAME OF MOTHER Pauline Albrecht

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

14. INFORMANT Alexander Mergel
 (Address) 3240 Park Ave N.E. Mo.

15. FILED 27, 1929 M. M. Conroe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-4-1929

17. I HEREBY CERTIFY, That I attended deceased from January 19, 1929, to February 4, 1929, and that I last saw him alive on February 4, 1929, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumo-pneumonia
Cellulitis of neck
 (duration) yrs. mos. ds. 20 ds.
 CONTRIBUTORY Obiti media Enteritis
 (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/29/29

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
 (Signed) H. C. Berger, M. D.
2141, 1929 (Address) Realto 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 Denison Texas DATE OF BURIAL Feb-10, 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS N.E. Mo.

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.

