

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

Do not use this space.

11299

1. PLACE OF DEATH

County Johnson
Township Jackson
City _____ (No. _____)

Registration District No. 430
Primary Registration District No. 3292

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Laura P. K. Merrill

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

Length of residence in city or town where death occurred 14 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. A. Merrill</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 7-1861</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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)

Johnson Co Missouri

10. NAME OF FATHER

Peter P. Keen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Illinois

12. MAIDEN NAME OF MOTHER

Hannah Lavell 4/3/29 1929 (Address) Holden, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Illinois

14.

INFORMANT W. A. Merrill
(Address) Pittsville, Mo.

15.

MAR 30 1929 L. J. Turnbow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1929, to Nov 27, 1929, that I last saw him alive on Mar 26, 1929, and that death occurred, on the date stated above, at 9:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
930 (duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH
1929
8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. A. Murray, M. D.

*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

Blackwater Cemetery Mar 29 1929

20. UNDERTAKER

ADDRESS

W. Goldman Holden Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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