

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

Do not use this space.

25044

1. PLACE OF DEATH

County Johnson
Township Warrensburg.
City Warrensburg. (No. _____)

Registration District No. 431
Primary Registration District No. 3023

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

2. FULL NAME

Merrisiler Emmaline Ditler.

(a) Residence. No. 311 E. Market St. St. 2 Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Ditler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 9 3

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) Alanta.
(STATE OR COUNTRY) Ga.

10. NAME OF FATHER Marion Alex. Morrison

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

12. MAIDEN NAME OF MOTHER Mary Madison.

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

14. INFORMANT Mrs. Hattie Parkinson.
(Address) Warrensburg. Mo.

15. FILE July 5 - 29 REGISTRAR Wm. Patterson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1915, to July 3, 1929, that I last saw him alive on July 2, 1929, and that death occurred, on the date stated above, at 11:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
23 A (duration) 25 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Tuberculosis (duration) _____ yrs. mos. ds.

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? Chronic
(Signed) L. J. Schryver, M. D.

July 5, 1929 (Address) Warrensburg 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 _____

Sunset Hill July 5 @

20. UNDERTAKER R. Q? Phillips. ADDRESS Warrensburg

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. FILE WITH ON-BOARD INSTRUMENTS IS A PERMANENT RECORD

