

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

Do not use this space.

139

**PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. \_\_\_\_\_)

Registration District No. 73  
Primary Registration District No. 3006

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**FULL NAME**

Henry Merkel

(a) Residence. No. 200 S. Moss ave. St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. ~~Single~~ Married, Widowed or Divorced (write the word) widower

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Kittie Ann Merkel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 14-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>5</u>	<u>26</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Joseph Merkel

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

12. MAIDEN NAME OF MOTHER Barbara Selinger

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

14. INFORMANT Nannie Shaw  
(Address) Columbia, Mo.

15. FILED 1/13, 1930 Beatrice Gubb  
R.C.S. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1930 to Jan 10 - 1930, and that I last saw him alive on Jan 10 - 1930, and that death occurred, on the date stated above, at 2 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Embolism  
1930  
1/10 (duration) 1/2 hr. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis  
Second (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Illinois  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) W. D. Dyson, M. D.  
1/11, 1930 (Address) Columbia 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 Oliver, Boone Co Mo DATE OF BURIAL 1-12, 1930

20. UNDERTAKER W. H. Vaudeventer ADDRESS Columbia Mo

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

FEB 10 1930

1  
2  
10

12/1/19