

APR 30 1930

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

Do not use this space.

11366

1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City Dexter (No. ....)

Registration District No. 838  
Primary Registration District No. 4509

File No. ....  
Registered No. 18  
St. .... Ward)

2. FULL NAME

George A Merchant

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

Unknown

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

June 7-1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

82

9

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Blind  
Parasitic

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

None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14. INFORMANT

(Address)

John Phillips  
Dexter Mo

15. FILED

3/21, 19

30

F. Rabne

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Wed March 21 1930 to Wed March 27 1930 that I last saw him alive on March 15 1930, and that death occurred, on the date stated above, at 4.10 a.m.

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

Painful left leg  
Cardiovascular disease  
95B  
98B  
1102  
Sanctuary  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

1800 no

1800 no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Chas. J. ... M. D.

, 19 (Address) Dexter 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

Navy Cemetery 3/21 1930

20. UNDERTAKER

Ed. Biggs Undertaker Dexter Mo

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.

148  
15  
4

2

3

