

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

Do not use this space.

18942

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Washington-River Primary Registration District No. 3011
City Excelsior Spgs (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2738
St. _____ Ward _____

2. FULL NAME

Mrs Francis Merkwau
(a) Residence. No. Excelsior Sanitarium Ward. Dante So Wakato
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank M. Merkwau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 30 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. house work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) So Dako.

10. NAME OF FATHER James. Gachryga

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

12. MAIDEN NAME OF MOTHER Un known

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

14. INFORMANT Frank M. Merkwau

(Address) Dante So Wakato

15. FILED 6/8, 1930 J.D. Crover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1930

I HEREBY CERTIFY, That I attended deceased from June 5, 1930, to June 8, 1930, that I last saw her alive on June 7, 1930, and that death occurred, on the date stated above, at 2,30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Addison's Disease
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED? South Dakota
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) H. J. James A. M. D.
, 19 _____ (Address) Excelsior Spgs 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 Dante So Wakato DATE OF BURIAL June 10 1930

20. UNDERTAKER John C Prother ADDRESS Excelsior

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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