

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

4629

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

File No. ....

Township .....

Primary Registration District No. 1001Registered No. 150City St. Joseph (No. 2739 Lafayette Street)

St. .... Ward)

2. FULL NAME Elnora Kivett Mercer(a) Residence. No. 2739 Lafayette Street 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

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

Barton M Mercer6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1862

## 7. AGE

YEARS

68

MONTHS

10

DAYS

7

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

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None235

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Hall

(STATE OR COUNTRY)

Indiana

## 10. NAME OF FATHER

Aaron Kivett11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Indiana12. MAIDEN NAME OF MOTHER Nancy Greenlee13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Ohio

## 14.

INFORMANT Mrs. H.A. Dye(Address) 2739 Lafayette St. - St. Joseph Mo.

## 15.

FILED

1931John R. Bender  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 7 1931

17.

I HEREBY CERTIFY, That I attended deceased from Jan 8 1931 to Feb 7 1931, and that I last saw h. ex alive on Feb 6 1931, and that death occurred, on the date stated above, at 12/20 P m.

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

Cancer pancreas and Metastatic  
Cancer of liver, peritoneum  
and bones46 F (duration) - yrs. 6 mos. - ds.46 F (duration) - yrs. 3 mos. - ds.53 D (duration) - yrs. 3 mos. - ds.

## 18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Signs & Symptoms(Signed) Clarence A. Good M. D.Feb. 7, 19 31 (Address) St Joseph 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

Memorial Park Cemetery

## DATE OF BURIAL

Feb. 9 19 31

## 20. UNDERTAKER

H. O. Bidwell

## ADDRESS

1802 Union St.

MAR 23 1931

