

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

Do not use this space.

File No. 21309
Registered No. 231
St. _____ Ward)

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence (No. 216 W South Side Blvd)
2. FULL NAME Joseph W. Merchant
(a) Residence No. 215 W. South Side Blvd Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Merchant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-28-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 25
8. OCCUPATION OF DECEASED*
(a) Trade, profession, or particular kind of work Retired 95?
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer 93?
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Magnolia
(STATE OR COUNTRY) Iowa
10. NAME OF FATHER Lucian Merchant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mass.
12. MAIDEN NAME OF MOTHER Hortensia Patrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mass.

14. INFORMANT Dr. H.A. Merchant
(Address) Osama Neb
15. FILED Jan 25 1931 J.R. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23 1931
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocardial insufficiency, Broken coronary artery
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 95
(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 Microsc
(Signed) Wm. H. Allen, M. D.
(Address) Independence 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 Mound Grove DATE OF BURIAL 6/25 1931
20. UNDERTAKER H.W. Starr ADDRESS Indep. Mo.

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

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.

JUN 25 1931

