

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

Do not use this space.

24320

1. PLACE OF DEATH

County Lynchburg Registration District No. 85
 Township Washington Primary Registration District No. 1001 File No. _____
 City St. Joseph (No. 2402 South 7th) St. _____ Registered No. 809 Ward _____

2. FULL NAME

(a) Residence, No. 2402 So. 7th St. Ward _____ (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1931</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931 to July 30, 1931.
 I last saw him alive on July 30, 1931. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
congenital malformation of heart Date of onset 6 days?

Other contributory causes of importance 1570 1570

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME Garnett Merritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Missouri

MOTHER

15. MAIDEN NAME Jennie Hurt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Missouri

17. INFORMANT (ADDRESS) Garnett Merritt 2402 So. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Auburn DATE July 31, 1931

19. UNDERTAKER (ADDRESS) E. G. Diederichsen 602 South 11th St.

20. FILED JUL 31 1931 John R. Bender Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Charles W. Werner M. D.
 (Address) 315 Kirkwood Bldg

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.

AUG 24 1931

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ST. JOSEPH MISSOURI

