

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

Do not use this space.

V. S. No. 2-A

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.

1. PLACE OF DEATH

County Worth
Township Green
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 1057
Primary Registration District No. 6214

File No. 33458
Registered No. _____

2. FULL NAME

(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

SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Ida Mercer

DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1889

AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
41 11 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME J. W. Mercer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Allie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

INFORMANT (ADDRESS) J. Ida Mercer

BURIAL, CREMATION, OR REMOVAL

PLACE Ward DATE Sept 13 1931

UNDERTAKER (ADDRESS) Boof & Saffar

FILED June 10 1932 F. G. Onek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1931, to Sept 12 1931

I last saw him alive on Sept 12 1931 Death is said to have occurred on the date stated above, at 99 m.

The principal cause of death and related causes of importance were as follows:

Thrombosis which caused Heart Failure

18-19

Other contributory causes of importance:

Broken Hip
and Lobar Pneumonia

Name of operation Reduced Fracture Date of Aug 29

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ 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 Broken Hip

Nature of injury Broken Hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Egbert Crampton

(Address) Parnell Mo

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

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.).....

File No.....

Registered No.....

St.

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da.

Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from birth to death, 19 to 19, I last saw him alive on 19, Death occurred on the date stated above, at m. The principal cause of death and related causes of importance were:

Other contributory causes of importance:

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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? If so, specify (Signed) (Address)

N. B.—Every item of information should be carefully supplied. AGF 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.

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MARGIN RESERVED FOR BINDING

V. S. NO. 2-A

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