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

Do not use this space.

File No. 41944

Registered No. 176

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township — Primary Registration District No. 3036
City St Charles (No. St Josephs Hospital St. ... Ward)

2. FULL NAME Scott Ellsworth Merrell

(a) Residence, No. ... St., ... Ward. Vandalia Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany. 2 1880

7. AGE: Years 51 — Months 11 — Days 5 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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. Farm
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) Vandalia Mo

FATHER
13. NAME David Wenger Merrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Mo

MOTHER
15. MAIDEN NAME Mary C. Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo

17. INFORMANT (ADDRESS) Murray D. Merrell Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia Mo DATE Dec 7th 1931

19. UNDERTAKER (ADDRESS) W. Dale Mayer & Sons Co 500 N. 2nd St Louisiana Mo

20. FILED 12/7 1931 Ay. G. Bloebaum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held Inquest, 19..., to ..., 19...
I last saw him alive on Dec 7 1931. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Due to injuries received by being struck under an automobile while crossing highway #61 at Clark Mich	

Other contributory causes of importance:
Death of Injury
Fracture of Cranium
Shock + loss of blood

Name of operation ... Date of ...
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? Accident Date of injury Dec 6 1931
Where did injury occur? Troy Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile
Nature of injury Fractured Cranium

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Breckenridge ... M. D.
(Address) St Charles Mo

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.

DEC 26 1931