

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.

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

Do not use this space.

2020

1. PLACE OF DEATH

8/ County Phalpe Registration District No. 677
 2 Township Rolla Primary Registration District No. 4403
 4 City Rolla (No.) St. Ward

File No.
 Registered No. 3

2. FULL NAME M. Ellen Merrill

(a) Residence, No. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1852

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

79 11 28

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) Kentucky 2

13. NAME James Payne

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

15. MAIDEN NAME Elizabeth Perry

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

17. INFORMANT James Merrill (ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, DATE Jan 22, 32

19. UNDERTAKER Null and Licklider (ADDRESS) Rolla, Mo.

20. FILED Jan. 22 1932 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 18, 1932 to Jan. 21, 1932
 I last saw him alive on Jan. 21, 1932 Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Influenza (detritoid) Date of onset

Other contributory causes of importance: 11/13 11/13

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

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

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 ①
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jos. W. Hanson, M. D.
 (Address) Rolla, Mo.

