

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

Do not use this space.

8183

**1. PLACE OF DEATH**

428 County Henry  
Township X  
2 City Windsor, Mo (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 9  
St. .... Ward)

**2. FULL NAME**

Howard Merrell

(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**

3. SEX M 4. COLOR OR RACE Colored 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) February 10-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby  
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) Windsor  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Pleas Merrell

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

MOTHER 15. MAIDEN NAME Lotta Lee

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

17. INFORMANT Pleas Merrell  
(ADDRESS) Windsor Missouri

18. ~~PLACE~~ OR REMOVAL PLACE Clinton Mo DATE March 14-32

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL  
(ADDRESS) windsor Missouri

20. FILED 4-14-32 Registrar J. A. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb. 12, 1932  
I last saw him alive on Feb. 12, 1932 Death is said

to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 3-11-32

Other contributory causes of importance:

8. Name of operation ..... Date of .....  
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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify

(Signed) J. A. [Signature], M. D.  
(Address) Windsor, 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.

APR 26 1932

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - VITAL STATISTICS

