

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

Do not use this space.

23645

1. PLACE OF DEATH

80 County Pettis
1 Township Green Ridge
1 City Green Ridge (No.) St. Ward)

Registration District No. 664
Primary Registration District No. 4397

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Judie Walton Mercer Mercer
(a) Residence No. Green Ridge St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Glasgow
(STATE OR COUNTRY) Howard Co Mo

10. NAME OF FATHER Jefferson Walton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Glasgow
(STATE OR COUNTRY) Howard Co Mo

12. MAIDEN NAME OF MOTHER Nellie Pemberton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pettis Co
(STATE OR COUNTRY) Mo

14. INFORMANT J. J. Pace
(Address) Green Ridge Mo

15. FILED 7/11 1932 G. B. Shelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1931 to July 9 1932 that I last saw her alive on July 8 1932, and that death occurred, on the date stated above, at Green Ridge Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic interstitial nephritis

CONTRIBUTORY (SECONDARY) chronic valvular heart disease (duration) don't know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. (D)

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Hite, M. D.

7/9 1932 (Address) Green Ridge Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Rayburn cemetery 7/10 1932

20. UNDERTAKER ADDRESS

L. L. Ream Green Ridge Mo

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.

JULY 25 1932

