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.

26132

File No. 3040

Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital

County Jackson Registration District No.

Township Primary Registration District No.

City Kansas City, Mo. (No. Veterans' Hospital St. Ward)

2. FULL NAME MERRIMAN, William Randolph C-146 746 SPBW

(a) Residence, No. Seneca, Missouri St., Ward. Pvt Co B 129th FA

(Usual place of abode) Rt 2 (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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1893

7. AGE: YEARS 39 | MONTHS 2 | DAYS 27 | 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.

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) Hercules Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca, Mo. DATE 8/8 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary K. C. Mo

20. FILED 8/6 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932, to August 6, 1932

I last saw him alive on August 6, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

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

	Date of onset
Tuberculosis, pulmonary, chronic far advanced, active C	Unknown

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Phys. Exam. X-ray & Lab. Was there an autopsy? Yes

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) U. E. CHAMBERS, M. D.

(Address) Med. Officer in Charge Vet. Adm. Hospital, Kansas City, Mo.