

WHITE 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.

JAY

64  
1-1-1928

Corrected Certificate - Name corrected only  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

36378

1. PLACE OF DEATH

County Marion Registration District No. 547  
 Township Managers Primary Registration District No. 2029  
 City Hammond (In St. Elizabeth Hosp)

File No. \_\_\_\_\_  
 Registered No. 295  
 St. 6 Ward

2. FULL NAME

Meryda Salvator Giuseppe  
 (a) Residence, No. 2430 Mo St., \_\_\_\_\_ Ward.

(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 Routa Meryda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 51

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adas Cement Co

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) Italy 16

13. NAME James Meryda 8

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

15. MAIDEN NAME Daisy Meryda

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

17. INFORMANT Mr August Isaac (ADDRESS) 2430 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary Cen DATE 11/5 1928

19. UNDERTAKER James O'Donnell (ADDRESS) Hammond

20. FILED Nov 7 1928 GE Strote Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1928

22. I HEREBY CERTIFY, That I attended deceased from 10/29 1928 to Nov 2 1928

I last saw him alive on 7:35 p 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Peritonitis Tuberculosis  
23 A  
25 23

Date of onset 3 mths  
5 yrs

Other contributory causes of importance: Pulmonary Tuberculosis

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? \_\_\_\_\_ Date of injury \_\_\_\_\_

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 \_\_\_\_\_ 1

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) J J Baum M. D.  
 (Address) Hammond Mo

