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.

8831

APR 24 1933

1. PLACE OF DEATH
County: Chariton
Township: Brunswick
City: Brunswick (No. ..... St. ..... Ward)

Registration District No. 169
Primary Registration District No. 4098

File No. .....
Registered No. 18

2. FULL NAME: EDDY G. 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: 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. E. G. Merrill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28 1853

7. AGE: Years 79 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Minister
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): Stillwater N.Y.

FATHER

13. NAME: Franklin Merrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peru N.H.

MOTHER

15. MAIDEN NAME: Mary R. Gildersleeve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hampstead Long Island

17. INFORMANT (ADDRESS): L. E. Merrill Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brunswick DATE: Mch 18 1933

19. UNDERTAKER (ADDRESS): E. Wilson Brunswick Mo

20. FILED: Mch 17, 1933. Harry C. Tatum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/2/33, 19..., to 3/16/33, 19...
I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 3/16/33
DIA
10 Hr

Other contributory causes of importance:

(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 ....., 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? .....
If so, specify .....
(Signed) John M. Wilson, M. D.
(Address) Brunswick Mo