

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 20 1933

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

Do not use this space.

29640

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. St. Marys Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3564

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Louisburg Kansas
(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 single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 4 24

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

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) Johnson County Kansas

13. NAME John Merier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Kansas

15. MAIDEN NAME Louise Fresner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Kansas

17. INFORMANT (ADDRESS) John Merier Louisburg Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg DATE Sept 9 1933

19. UNDERTAKER (ADDRESS) Edward B. Ryan Louisburg Kansas

20. FILED 9-8 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/4 33 to 9/8/33, 1933

I last saw him alive on 9/8/33, 1933. 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:

Staphylococcal infection of the face Date of onset _____

Staphylococcal septicaemia Other contributory causes of importance: 36 36

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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 _____, 1933

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) [Signature] M. D.
(Address) [Address]

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