

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

Do not use this space.

133207
12 3142

1. PLACE OF DEATH

County Jackson Registration District No.
Township Franklin Primary Registration District No.
City N. O. Mo (No. 2514 Poplar, Ave, St. Ward) (Usual place of abode)

File No.
Registered No.

2. FULL NAME

(a) Residence, No. 2514 Poplar 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Edna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-7-1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day or ... hrs. or ... min.
60 7 13

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. Retired
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) Missouri

FATHER
13. NAME August Mercet

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

MOTHER
15. MAIDEN NAME Elizabeth

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

17. INFORMANT (ADDRESS) Virgil O. Mercet, 2514 Poplar, Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Florence, Ky DATE Oct-22-1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster, 918 Brooklyn Ave

20. FILED 10-21 1933 M. M. Cole Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-20-33, 19...
22. I, Spencer, M.D., attended deceased from 19...
I last saw him alive on 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:
Anterior rupture of the aorta
Myopericarditis
Other contributory causes of importance: hypertension

Name of operation Date of operation
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 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) [Signature] M. D.
(Address) [Signature]

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.

NO. 10 1933

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