

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

Do not use this space.

39560

1. PLACE OF DEATH

County Cooper Registration District No. 217
Township Blackwater Primary Registration District No. 3297
City (No. _____) St. _____ Ward _____

2. FULL NAME Valcie Christina Mercereau

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 2 1

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

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) Dec. 7, 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Mo.

13. NAME Jeremiah V. Mercereau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union New York

15. MAIDEN NAME Ada Clara Neumann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony Germany

17. INFORMANT Miss Esther Mercereau

(ADDRESS) Blackwater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peninsula DATE Dec. 10th 1933

19. UNDERTAKER Schmidt & Worschhoff

(ADDRESS) Boonville Mo.

20. FILED 12-10-33 Registrar J. J. Kelley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 8, 1933

I last saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:25 m.

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

Suicide
Caused from drinking
large quantity of
Carbolic Acid.

Other contributory causes of importance: mind was bad

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? Suicide Date of injury Dec 8, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Dr. R. L. Anderson Do: no

(Address) Boonville Mo.

Corner Cooper Co, Mo.

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.

JAN 26 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

