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.

APR 25 1934

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

Do not use this space.

8880

File No. 1069

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 39

Township Kaw — Primary Registration District No.

City Kansas City (No. 715 Gladstone St. Ward)

2. FULL NAME Calvin H. Merrill

(a) Residence, No. 715 Gladstone Blvd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Sadie Merrill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk 1863

7. AGE: YEARS 71 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Penn.

FATHER

13. NAME: George Merrill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): George C. Merrill, 3000 Tracy St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope DATE March 8, 1934

19. UNDERTAKER (ADDRESS): John Stine, 411 No. 6th St.

20. FILED Mch 7, 1934 M. M. Crowe, Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw ..... 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: Date of onset

Coronary Thrombosis

Chronic myocardial Infarction

Other contributory causes of importance:

94 B No

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Yes 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) ..... M. D.

(Address) .....