

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

Do not use this space.

13415

39

**1. PLACE OF DEATH**

County Lafayette  
Township Lexington  
City Lexington (No. .... St. .... Ward)

Registration District No. 461  
Primary Registration District No. 3024

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

**2. FULL NAME**

Robert Merraukh

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No Record</u>		
7. AGE YEARS <u>About 68</u>	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. <u>Blacksmith</u>	
	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) <u>Lexington Mo.</u>		
FATHER	13. NAME <u>Robert Merraukh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Amelia Pritchard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Jesse Merraukh</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington Mo.</u> DATE <u>April 22 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Edw. J. Regert</u>		
20. FILED <u>April 21 1934</u> <u>Boyer Paul Bates</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19 1934, to April 20 1934  
I last saw him alive on Apr 20 1934. Death is said to have occurred on the date stated above, at 9:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Uremic poisoning

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.

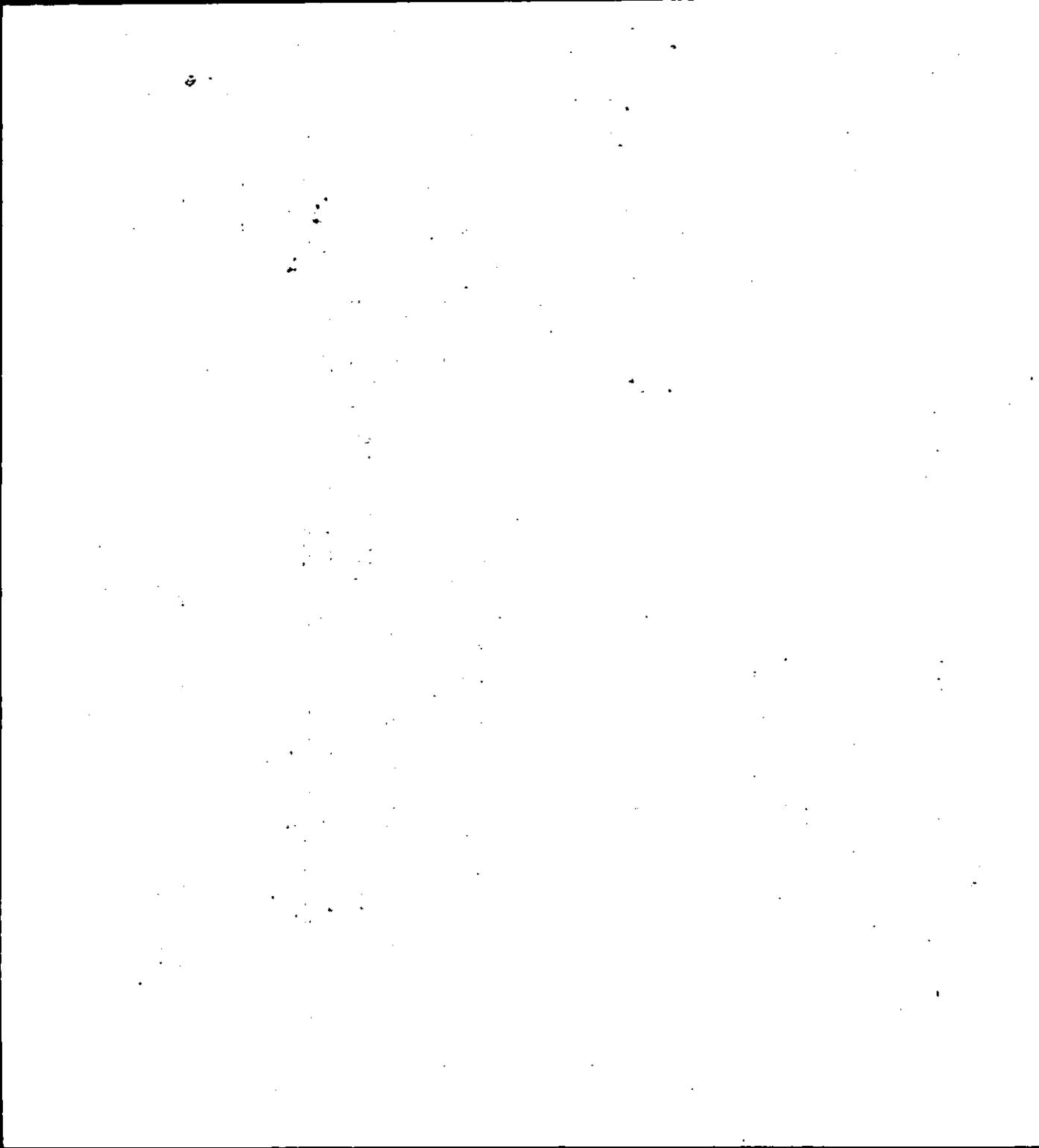
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) Edw. J. Regert, M. D.  
(Address) Lexington 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.

WRITE PLAINLY, WITH CAPS AND UNDERLINES TO INDICATE



Lafayette

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Menough  
Who died at \_\_\_\_\_ on April 20 - 1931  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: <sup>abt</sup> Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Uranium poisoning Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) Saw this man a few hours before death for the first time.  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: Suppose he had chronic nephritis

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ 131  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician G. W. Fremont  
Address of physician 124 Taylor Mo.

Signature of Registrar Jane Ruth Bates Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist No. 461  
Primary Reg. Dist. No. 3024

E. T. McLaugh  
State Registrar  
Special Agent.

S-13415