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.

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

JAN 18 1935

Do not use this space.

39683

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 1002
City Kansas City (No. The Walnuts St. Ward)

File No.
Registered No. 52117

2. FULL NAME Fred Charles Merry
(a) Residence, No. The Walnuts 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Optical 1251 1245
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Norwalk
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Charles L. Merry
14. BIRTHPLACE (CITY OR TOWN) Troy
(STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Jessie F. Wickham
16. BIRTHPLACE (CITY OR TOWN) Norwalk
(STATE OR COUNTRY) Ohio

17. INFORMANT Lawrence M. Goodwin
(ADDRESS) The Walnuts, K.C. Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Mt Washington Cem in Vault DATE Dec 4, 1934

19. UNDERTAKER Stone & McClure
(ADDRESS) 3235 Gillham Place

20. FILED Dec 3, 1934 M. M. Crosine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Nov 29, 1934
I last saw him alive on Nov 29, 1934. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute yellow atrophy of liver	7/34

Other contributory causes of importance:
Portal cirrhosis of liver 1 year

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) P. C. Bohan M. D.
(Address) Med Arts Bldg K.C. Mo