

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.

5740  
 JAN 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300  
 Township St. Clair Primary Registration District No. 2002  
 City K.C. Mo. (No. Mersey Joseph) St. Mersey Joseph Ward Mersey Joseph

File No. 43219  
 Registered No. 5515

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 2 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) Mersey Joseph Mo

13. NAME John Keyes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

15. MAIDEN NAME Julia Falkner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

17. INFORMANT (ADDRESS) John Keyes Mersey Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mersey Joseph Mo. DATE 12-29-34

19. UNDERTAKER (ADDRESS) John M. Knappschield Mersey Joseph Mo.

20. FILED 12-28-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1934, to 12-28, 1934  
 I last saw him alive on 12-28, 1934 Death is said to have occurred on the date stated above, at 4:45 PM  
 The principal cause of death and related causes of importance were as follows:

Branch Pneumonia - 12-28-34  
Bilateral Pleuro pneumonia 12-27-34  
10/17/34  
10/17/34  
 Other contributory causes of importance: 10/17/34

Name of operation none Date of operation  
 What test confirmed diagnosis? X-ray 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) J. Eldridge MD M. D.  
 (Address) 6247 Brookside Blvd

37 Broad