

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

Do not use this space.

MAY 24 1935

8585  
58

1. PLACE OF DEATH

29 County Wade Registration District No. 237 File No. \_\_\_\_\_  
Township Center Primary Registration District No. 5320 Registered No. 58  
City Greenfield St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Richard Henry Merrill  
(a) Residence, No. \_\_\_\_\_ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Merrill  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper  
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) Greenfield Mo.

13. NAME Henry Merrill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, N.Y.

15. MAIDEN NAME Hattie Jacobs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.

17. INFORMANT Mr. R. H. Merrill  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo. DATE 3-27-35

19. UNDERTAKER Harrison Undertaking Co.  
(ADDRESS) Greenfield, Mo.

20. FILED 4-24-35 Dr. A. Weir  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1935  
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935 to March 25, 1935  
I last saw him alive on March 25, 1935. Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: AKB

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) H. O. Cowan, M. D.  
(Address) Greenfield, 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.

