MAY 24 1935

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

Do not use this space.

12941

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1038
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. ..., Mercy Hospital St. ... Ward)

2. FULL NAME Clair Dean Merritt

(a) Residence, No. 811 N Union 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*): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 — 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Tenn

FATHER
13. NAME Adrian Merritt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Allie R Reagin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mr. Adrian Merritt
(ADDRESS) Independence Mo. 811 N Union

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem DATE Apr 16 1935

19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence Mo.

20. FILED 4-16 1935 M. M. Crowe, ant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... Dirty Cough ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2.05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercostal T	
Pneumonia Terminal	
Flu	

Other contributory causes of importance: 1/2 bl

Name of operation Laparotomy Date of 4/14/35
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Nor Date of injury None 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) Vincent A Giles, M. D.
(Address) 811 S. Sun Lawn 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 UNFADING INK—THIS IS A PERMANENT RECORD