L W Turner

DEC 26 1935

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

Do not use this space.

36210

1. PLACE OF DEATH
County Jackson — Registration District No. 390 — File No.
Township — Primary Registration District No. 1902 — Registered No. 1403
City Kansas City (No. 1012 Michigan St. Ward)

2. FULL NAME Elizabeth Arrington Merritt
(a) Residence, No. 1012 Michigan 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bush Merritt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 '64
7. AGE Years 71 Months 2 Days 39 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Miss.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lucy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Lucy Duvall 1012 Michigan
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE Nov. 22 1935
19. UNDERTAKER (ADDRESS) Nathan W. Thatcher 1530 N 5th St.
20. FILED 11-22, 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Nov. 19, 1935
I last saw h..... alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation

Other contributory causes of importance:

92

Name of operation Clinical 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) L W Turner, M. D.
(Address) 1012 E 12

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.