

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

Do not use this space.

DEC 26 1935

36237

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 4175
St. _____ Ward _____

2. FULL NAME

Phillip Merryman
(a) Residence, No. 4506 Main St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Baltimore Maryland

13. NAME Philemon Merryman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Emma Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Martha M. Brown (ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo DATE Nov 24 1935

19. UNDERTAKER H. P. Dickey (ADDRESS) St Joseph Mo

20. FILED 11-24 1935 M. M. Crowe, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1935, to 11/24 1935

I last saw him alive on 11/24 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pericarditis
Card Bladder
Uremia

Date of onset 8/15/35
1/21/35
11/21/35

1070

Other contributory causes of importance: Bronchopneumonia 11/23/35

Name of operation None Date of _____

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? _____ 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 None Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: _____

(Signed) Wright E. Curry M. D.
(Address) 1518 Prof. Bldg 11.6. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Mr. Morrison