

JAN 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Witchell
City Grant City

Registration District No. 903
Primary Registration District No. 4-115

File No. 42322
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leslie Lowell Mercer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life 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 M 4. COLOR OR RACE W 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) Nov 22 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 0 17

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

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) 12 10 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

13. NAME W. W. Mercer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

15. MAIDEN NAME Elsie Sun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

17. INFORMANT (ADDRESS) W. W. Mercer Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 12 14 1935

19. UNDERTAKER (ADDRESS) Arch E. Dunfee Grant City, Mo.

20. FILED Dec. 11 1935 2nd Hall, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-35

22. I HEREBY CERTIFY, That I attended deceased from 12-9-35 to 12-9-35

I last saw him alive on 12-9-35. Death is said to have occurred on the date stated above, at 1309 m.

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

Automobile Wreck
killed instantly
head injury

Other contributory causes of importance:

Passenger

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 accident Date of injury 12-9-35

Where did injury occur Grant City, Mo. North Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway 1169

Manner of injury Automobile wreck

Nature of injury head injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify _____

(Signed) B. J. Pease, M.D., M. D.

(Address) Grant City Mo

WRITE PLAINLY, WITH UNFOLDED

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUR

