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.

FEB 20 1936

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

Do not use this space.

1606

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 460
City Kansas city (No. St Joseph Hospital St. Ward)

2. FULL NAME Anita Bernice Merritt
(a) Residence, No. 5016 Park St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: white
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) Apr-26-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
9	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frances Willard
10. Date deceased last worked at this occupation (month and year) Jan-1936
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview Mo.

FATHER
13. NAME Goalman E Merritt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manhattan Ks

MOTHER
15. MAIDEN NAME Bernice Duck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview Mo.

17. INFORMANT (ADDRESS) Goalman E Merritt 5016 Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Jan 30 1936

19. UNDERTAKER (ADDRESS) Dr Newcomer's Sons Kansas City - Mo

20. FILED 1/29 1936 M. M. Osborne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 28 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN. 25, 1936, to JAN. 28, 1936.
I last saw her alive on JAN. 28, 1936. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE INTUSSUSCEPTION (ILIO-CECAL)	JAN. 27 1936
GANGERNOUS DIVERTICULITIS (MECKELS)	

Other contributory causes of importance:

Name of operation LAP Date of JAN 26 '36
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. C. Quistgard, M. D.
(Address) 6944 Prospect K Cho

6944 prospekt
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