

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.

MAY 29 1936

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

Do not use this space.

18368

1. PLACE OF DEATH

County Washington
Township Richwoods
City..... (No.....) St..... Ward.....

Registration District No. 889
Primary Registration District No. 4187

File No.....
Registered No.....

2. FULL NAME

Raymond Thomas Merritt

(a) Residence, No..... St..... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Richwoods Mo

13. NAME Sidney Cunningham

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

15. MAIDEN NAME Randia Duncan

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

17. INFORMANT (ADDRESS) Sidney Cunningham Richwoods Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosmo DATE 22 April 1936

19. UNDERTAKER (ADDRESS) Boyer Bros Richwoods Mo

20. FILED April 20 1936 O W Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Just not, 19....., to Self, 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Burned to death in new home destroyed fire Date of onset

Other contributory causes of importance:

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?..... 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) O W Parker, M. D.
(Address) Richwoods Mo

