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.

OCT 21 1936

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

Do not use this space.

33941

1. PLACE OF DEATH
County: Clay
Township: ~~Fishing River~~
City: Excelsior Springs, Mo. (No. ..... St. 3d Ward)

Registration District No.: 198
Primary Registration District No.: 3011

File No.:
Registered No.:

2. FULL NAME: MERCER, Fred L
(a) Residence, No.: Veterans Administration Facility St.: Excelsior Springs, Mo. Ward:
(Usual place of abode)
4411 E. 10th St. Kansas City, Missouri
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 1 yrs. 3 mos. 16 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Bess Mercer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-24-1874

7. AGE: Years 62 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfield, Illinois

FATHER
13. NAME: Levi Mercer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Melissa Eddings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairfield, Ill. DATE: 9-8-36, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Mo.

20. FILED: 9-7-1936 Mrs. Rea McCrayken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, 19, to Sept. 7, 1936, 19
I last saw him alive on Sept. 7, 1936, 19. Death is said to have occurred on the date stated above, at 6:30 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
C. N. S. Lues	

Other contributory causes of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? Exam&Obs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. C. HARDEGREE, MD, Clinical Director.
(Address) Veterans Administration Facility Excelsior Springs, Missouri.