Mrs. B. J. Robinson Reg. Farmington Mo.

OCT 21 1936

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

Do not use this space.

38846

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo.
Registration District No. 773
Primary Registration District No. 6018A
File No.
Registered No. 179
(No. , St. Ward)

2. FULL NAME Henry Merk
(a) Residence, No. Pacific, Missouri 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Merk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-18-82
7. AGE: YEARS 54 | MONTHS 4 | DAYS 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Pacific Missouri

FATHER
13. NAME: August Ernest Merk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County, Missouri

MOTHER
15. MAIDEN NAME: Frederica Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE Oct 10 1936
19. UNDERTAKER (ADDRESS): Benham Und Co Bonne Terre Mo
20. FILED Oct 8 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 7, 1936
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ by request ~~19~~
~~I last saw ... alive on~~ Oct. 7, 1936 Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:
Jury's Verdict: — Death due to strangulation at his own hand at State Hospital #4
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no
165
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) Elena Province, ~~M.D.~~
(Address) Coroner St Francois county Farmington, Mo.

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.

WHITE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD