

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.

JAN 19 1937

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

Do not use this space.

44930

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Year

Primary Registration District No. 1002

City Edwards

(No. 1200)

File No. 44930

Registered No. 44930

St. Edwards Ward

2. FULL NAME

Julius C. Merrill

(a) Residence, No. 2 W. Mc Ave St. Edwards 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 67 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper

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) Mo.

13. NAME J. C. Merrill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Powderley

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 22, 1936

19. UNDERTAKER (ADDRESS) Smith and John

20. FILED Dec 22, 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 1936

22. HEREBY CERTIFY, That I attended deceased from 12-16, 1936 to 12-19, 1936

I last saw him alive on 12-19, 1936 Death is said to have occurred on the date stated above, at 5:28 PM

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

Hypertrophy and Dilatation of Heart

Date of onset

Other contributory causes of importance: Cerebral Encephalomalacia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence, accident, suicide, or homicide), fill in also the following: 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) Surgeon, M. D. (Address) 1200

