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.

JAN 23 1937

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

Do not use this space.

85

1. PLACE OF DEATH
County Pulaski — Registration District No. 713 — File No. 2652
Township Cullen — Primary Registration District No. 5942 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nora Merrill

(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Fred P. Merrill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 26, 1883

7. AGE: Years 53 — Months 7 — Days 4 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
10. Date deceased last worked at this occupation (month and year): Sept. 1936
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co. Mo

FATHER
13. NAME: Wm L. Vaught
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co. Mo.

MOTHER
15. MAIDEN NAME: Sarah Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

17. INFORMANT (ADDRESS): Burt Merrill, Waynesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell Cem DATE Dec 1 1936

19. UNDERTAKER (ADDRESS): J. L. Hoops & Sons, Crocker, Mo

20. FILED 12/1 1936 O. Ballard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1936, to Nov. 30, 1936
I last saw her alive on Nov. 29, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer | Mar. 1885 |

Other contributory causes of importance:

| | |
|---|---|
| Gastric hemorrhage | 11-28-36 |

Name of operation: none — Date of: 0
What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 — Date of injury 0, 19 0
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
0
Manner of injury: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. Wallace, M. D.
(Address) Crocker, Mo