MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Gentry Co
Township Athens
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 309
Primary Registration District No. 5427

File No. 5860
Registered No. 17

2. FULL NAME Infant Son of Frank & Edith Mercer

(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) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28 1937

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Gentry Co Mo

FATHER
13. NAME Frank Mercer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co Mo

MOTHER
15. MAIDEN NAME Edith Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

17. INFORMANT (ADDRESS) Frank Mercer Albany R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE March 1 1937

19. UNDERTAKER (ADDRESS) Clifford Burks Albany Mo

20. FILED Mar. 1. 1937 W. T. Meeker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 1937, to Feb. 28, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P. m.

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

Still Born

Date of onset

Other contributory causes of importance:
Extreamly Hard Labor

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) Dr. S. O. Harding D.O.
(Address) Albany 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.