

MAR 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Francois Registration District No. 779 File No. 7956  
Township Randolph Primary Registration District No. 6024W Registered No. \_\_\_\_\_  
City Harrison R. 4 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Dialtha Ann Merritt  
(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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 2 18

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. Housewife  
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) Hopewell Missouri13. NAME James C. Farshel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Nancy Yeakley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Louis Merritt  
(ADDRESS) Harrison R. 418. BURIAL, CREMATION, OR REMOVAL PLACE Herod C. DATE Feb. 20, 193719. UNDERTAKER G. J. Bayer  
(ADDRESS) 2 Denlow Missouri20. FILED 3-9 W. B. Luckenbach  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1936, to Feb. 17, 1937I last saw him alive on July 13, 1936. Death is saidto have occurred on the date stated above, at 6:30 m.

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

Brandel Influenza 2/16/37

Other contributory causes of importance:

Diabetes mellitus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Feb. 17, 1937

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? Yes

If so, specify \_\_\_\_\_

(Signed) W. B. Luckenbach, M. D.(Address) Denlow 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.

