

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.

MAR 25 1937

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

Do not use this space.

9:0587

1. PLACE OF DEATH

County Scott CO Registration District No. 821
Towship Richland Primary Registration District No. 6070
City (No.) St. Ward

2. FULL NAME Martha Rachel Meryck

(a) Residence, No. St. Ward. (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) INFANT
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT Stillborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/2/37
7. AGE Stillborn 1937 Feb 2th
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
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) SIRESTON R# 2. MO.

OCCUPATION
FATHER
MOTHER

13. NAME DA Meryck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CADIZ KENTUCKY
15. MAIDEN NAME MAMIE, L. Meryck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT D.A. Meryck
(ADDRESS) SIRESTON R# 2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BOYDMAN'S Chapel DATE 2/6 37

19. UNDERTAKER Dr. Dempster
(ADDRESS) Chicago Mo.

20. FILED 3-9 1937 W.H. Prussell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1937, to Feb 6 1937.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Still Born Date of onset

Other contributory causes of importance:

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. Dempster M. D.
(Address) Sireston Mo

