MAY 20 1937

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

Do not use this space.

File No. 16323
Registered No. 0290

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. 1933, N. Main St. Ward)

2. FULL NAME James Merian

(a) Residence (Usual place of abode) No. 1933 N. Main St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	w	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant
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): New York City, N.Y.

FATHER
13. NAME: August Merjan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Basle Switzerland

MOTHER
15. MAIDEN NAME: Olive Koefel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Basle Switzerland

17. INFORMANT: Rev. Ralph M. Riggs
(ADDRESS): Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: April 3, 1937

19. UNDERTAKER: G. C. Chiene
(ADDRESS): Springfield Mo

20. FILED: Apr 3, 1937 Chas A. George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Apr. 1, 1937, that I last saw him alive on Apr 1, 1937. Death is said to have occurred on the date stated above, at 10 pm.

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

	Date of onset
Mitral Insufficiency	
Aortic Stenosis	

Other contributory causes of importance: None

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? No
If so, specify
(Signed) C. A. Sucke, M. D.
(Address) 200 W. Cook St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.