

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

Do not use this space.

1. PLACE OF DEATH **NOV 18 1937**
County Jackson
Township.....
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 4101 Garfield)

File No. 36617
Registered No. 5008
St. Ward

2. FULL NAME Anna Frances Cornelia Merrifield
(a) Residence, No. 4101 Garfield St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Willett Merrifield

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1937
22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937, to October 6, 1937.
That saw her alive on October 5, 1937. Death is said to have occurred on the date stated above, at 10:20 A. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 10 8

Senile Paresis
Complicated with apoplegia and
Inanition
97

Date of onset August 23-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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.....

Other contributory causes of importance:
General Arteriosclerosis
about 1 yr.

12. BIRTHPLACE (CITY OR TOWN) Indianapolis
(STATE OR COUNTRY) Indiana

FATHER 13. NAME Peter Allaire
14. BIRTHPLACE (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME -----Taylor
16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ira O. Allen
(ADDRESS) 4101 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Oct. 8, 1937

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Oct 8 1937 M. M. Morrow
Registrar.

Name of operation None Date of.....
What test confirmed diagnosis? Symptoms. Was there an autopsy? No.

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) J. P. Piemann, M. D.
(Address) 3336 Summit St. K.C. Mo.

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

T. G. Tiemann
3336 Summit
Va. 4290