REC'D MAR 14 1938

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

6061
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 134

2. PRINT FULL NAME Nina Mercer,
(a) Residence, No. 719 Mount Cora Road, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1854

7. AGE: Years 83; Months 7; Days 20; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress,
9. Industry or business in which work was done, as 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) Bedman, Massachusetts,

FATHER
13. NAME William Mercer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland,

MOTHER
15. MAIDEN NAME Elizabeth Anderson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland,

17. INFORMANT Miss Phoebe Bryant
(ADDRESS) 137 No. 17th. Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE February 6, 1938

19. FUNERAL DIRECTOR Heaton, Besol & Brauer
(ADDRESS) 819 So. 10th. Street Funeral Home

20. FILED February 7, 1938 H. F. Nestlehus
By Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938 to Feb 2nd, 1938
I last saw h. alive on Feb. 2, 1938. Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/26/38

Other contributory causes of importance:
Senility
Arteriosclerosis
Chr. Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. G. Thompson, M. D.
(Address) 8 S. Clark St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

PERMANENT RECORD

T X12604

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my assg. 2/2/38

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)