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.

DEC'D APR 22 1938

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

Do not use this space.

11753

File No. 106
Registered No. 668

1. PLACE OF DEATH
County Pettis — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. 820 1/2 W 3rd St. Ward)

2. FULL NAME Edith Merrill 6.40

(a) Residence, No. 820 1/2 W 3rd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 2 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1876

7. AGE: Years 61 — Months 5 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Western Kansas

FATHER
13. NAME Martin Steckler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Hune
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Samuel R. Merrill Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Mo. DATE 3-21- 1938

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia

20. FILED 3-22- 1938 Fern Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1938 to 3/22 1938
I last saw her alive on 3/22 1938 Death is said to have occurred on the date stated above, at 7:25 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia - Hypostatic (Aspiration type) — Date of onset, 3/18/38

Other contributory causes of importance: Chr. Int. Nephritis 1936; Pulmonary Tbc. by Sputum exam. 1938

Name of operation — Date of operation
What test confirmed diagnosis? Clinically and Laboratory — 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) Frank B. Lynch, M. D.
(Address) Sedalia, Mo.