

REC'D MAY 10 1938

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

Do not use this space.

15519

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SegalicaPrimary Registration District No. 3032City Segalica (No. 120)File No. 122Registered No. 668

St. _____ Ward)

2. FULL NAME Herman J. Mersey

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Mersey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1882

7. AGE YEARS <u>55</u>	MONTHS <u>6</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & B Carriage9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mp. RR.10. Date deceased last worked at this occupation (month and year) Feb. 1938 Total time (years) spent in this occupation. 14 7/2012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Henry Mersey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Katherine Wehman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Geo. H. Mersey (ADDRESS) Beemerille18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE April 2 193819. UNDERTAKER McLaughlin Bros (ADDRESS) Segalica20. FILED 4-12-38 1938 Registrar. V

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 193822. I HEREBY CERTIFY, That I attended deceased from 11-15 1937, to 4/9 1938I last saw him alive on 4/9 1938 Death is saidto have occurred on the date stated above, at 4 1/2 m.

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

Date of onset

Paralysis of larynx 11/37

Other contributory causes of importance:

47-

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 _____

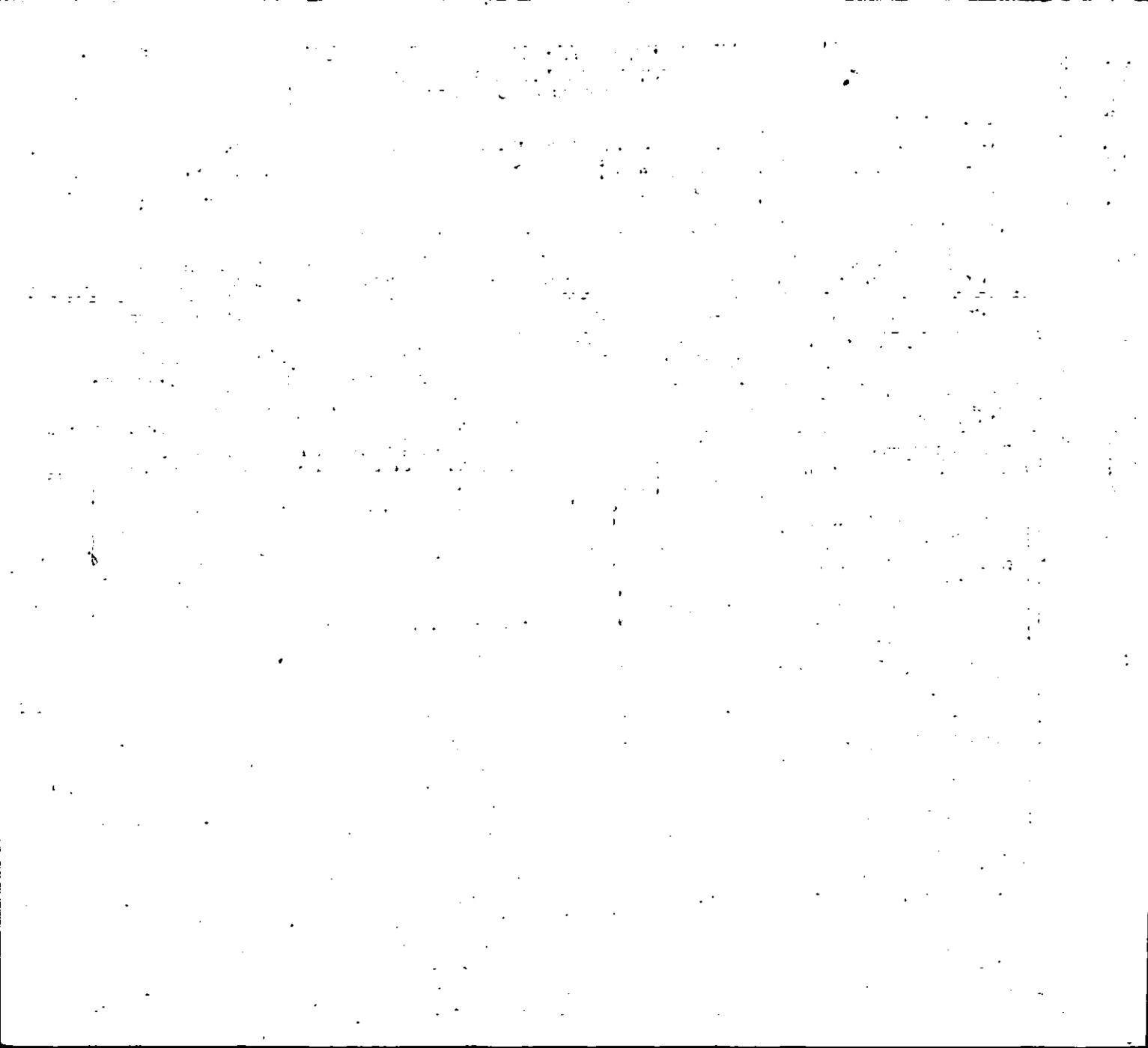
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. P. Oyer, M. D.(Address) Beemerille

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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-5-19
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 3032 Registered No. 122
 (c) City Sedalia (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman J. Mersey
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Mersey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1880
 7. AGE YEARS 55 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. B & B Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. M & P R.R.
 10. Date deceased last worked at this occupation (month and year) Feb 1936 11. Total time (years) spent in this occupation 14 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1938
 22. I HEREBY CERTIFY, That I attended deceased from 11-15 1938 to 4-9 1938
 I last saw him alive on 4-9 1938 Death is said to have occurred on the date stated above, at 4-9 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Larynx Date of onset 11/187
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Henry Mersey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Katherine Weber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Geo. J. Mersey (ADDRESS) Boonville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE Apr 12, 1938
 19. FUNERAL DIRECTOR McLaughlin Bros (ADDRESS) Sedalia
 20. FILED 4-12-38 1938 Geo Slack Local Registrar.

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) D. P. Dyer _____, M. D.
 (Address) Sedalia Mo.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

