

REC'D JUN 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

 County Adair Registration District No. 4 File No. 17558  
 Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 85  
 City Kirksville (No. 1002 East Patterson St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Katherine Jane Merrick 620  
 (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 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 John Henry Merrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 2 10

 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 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 1
12. BIRTHPLACE (CITY OR TOWN) Delta (STATE OR COUNTRY) Iowa13. NAME William N. Van Nostrand14. BIRTHPLACE (CITY OR TOWN) Delta (STATE OR COUNTRY) Iowa15. MAIDEN NAME Marquet Smiley16. BIRTHPLACE (CITY OR TOWN) Delta (STATE OR COUNTRY) Iowa17. INFORMANT J. V. Merrick (ADDRESS) 1002 E. Patterson Kirksville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Cent. DATE May 27 193819. UNDERTAKER DeKiley (ADDRESS) Kirksville Mo20. FILED May 26 1938 Spencer L. Freeman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to May 25, 1938  
 I last saw her alive on May 24, 1938. Death is said
to have occurred on the date stated above, at 6:45 a.m.

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

Apoplexy (and complications) October 1937.  
Chronic myocarditis and chronic nephritis.
Other contributory causes of importance: 131'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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) Dr. Hylis Watts D.O., M.D.(Address) 803 South Mason St. Kirksville, 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.

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