

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

17710
 Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 485
 (c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Emma Merriam, 650
 (a) Residence, No. 1 Mi. E. St. Joseph, Mo. R.F.D. # 1. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Merriam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 3 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Milford, Pennsylvania,

FATHER
 13. NAME Orison Gray,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Townsend, Vermont,

MOTHER
 15. MAIDEN NAME Catherine Beam,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belvidere, New Jersey,

17. INFORMANT Mrs. Geo. A. Nelson
 (ADDRESS) R.F.D. # 1, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Mora Cem. DATE May 3rd, 1938

19. FUNERAL DIRECTOR Messrs. Britton & Bayne
 (ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 5-3-38 A. J. Stedebush
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 3/28-38 to 5/1-38
 I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 8:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Fracture of l. hip 3/27/38
1800

Other contributory causes of importance:
Arterio-sclerosis
Senility
Application of Roy Anderson's splint
 Name of operation Roy Anderson's splint Date of 3/30/38
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/27, 1938
 Where did injury occur? Buchanan Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In home
 Manner of injury Fell on floor of house
 Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify:
 (Signed) G. T. Bloomer, M. D.
 (Address) 1218 N. 3rd St., St. Joseph, 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.

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 myself May 1, 19

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.)