

OCT 24 1938

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

32706
Do not use this space.

1. PLACE OF DEATH
 (a) County Macon Registration District No. 533
 (b) Township Dudson Primary Registration District No. 5713 Registered No. 61
 (c) City..... (d) Street No. County Infirmary 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 Al Merrier
 (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 Male 4. COLOR OR RACE W 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)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 ✓ ✓
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) County Infirmary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to 9/26, 1938
 I last saw h. alive on Aug 26, 1938 Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Status Epilepticus 8/19/38 Date of onset
 Other contributory causes of importance: 85
 Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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? No
 If so, specify.....
 (Signed) J J Turner, M. D.
 (Address) Macon, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis Minn
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Family Records
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS) William Brunsback
County Infirmary, Macon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wadsworth Bur DATE 9-27- 1938
 19. FUNERAL DIRECTOR (ADDRESS) Stephens & Scadding
Macon, Mo.
 20. FILED 1015, 1938 Geo W Venton
 Local Registrar. 476

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-294

Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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