

1938 OCT 7

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

Do not use this space.

1. PLACE OF DEATH

91 County Wasson Registration District No. 750
Township Wasson Primary Registration District No. 4451
City Wasson, Mo. (No.) St. Ward

File No. 33143
Registered No.

2. FULL NAME

0 Andrew Clayton Merrill 640
(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to August 25, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1908

I last saw him alive on August 25, 1938. Death is said to have occurred on the date stated above, at 1:15 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 4

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Asphyxiation
15A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroeville, Mo.

Other contributory causes of importance:
Spontaneous Birth
1. Months
Mother Swimming in Cold Water.

MOTHER FATHER 13. NAME Harold W. Merrill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroeville, Mo.

15. MAIDEN NAME Katherine Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasson, Mo.

17. INFORMANT Andrew Merrill (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Olds Chapel DATE Aug. 26, 1938

19. UNDERTAKER Family (ADDRESS)

20. FILED Aug. 25, 1938 C. B. Johnston Registrar

Name of operation none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify Hypertension
(Signed) M. D.
(Address)

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

