

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.

NOV 15 1938

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

Do not use this space.

35210

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5127
(No. Buchanan County Infirmary)

File No.
Registered No. 55
St. Ward

2. FULL NAME John Merlatte

(a) Residence, No. St., Ward. Buchanan County Infirmary
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1849.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 ?

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Joseph 0
(STATE OR COUNTRY) Missouri

13. NAME George Merlatte 9

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN 9
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Pamelo Price

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Kate Jacoby
(ADDRESS) R. F. D. 1 - Box 1, Crescent, Iowa

18. BURIAL, CREMATION, OR REMOVAL City Cemetery.
PLACE St. Joseph, Mo. DATE Oct. 20 1938

19. UNDERTAKER H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Oct. 20 1938 Myrtle M. Harrison
Registrar. VA 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct. 16, 1938
I last saw him alive on Oct. 15, 1938. Death is said to have occurred on the date stated above, at 12:45 m. PM

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

no facts

Name of operation no Date of

What test confirmed diagnosis? Chol. Heat 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 Fornax Thomas
(Signed) (Address) 1301 No 25 St, M. D.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My-self

or by *****, Registered Apprentice No. ***

(Signed) Robert P. Clarkson

Licensed Embalmer No. 4028

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