

REC'D FEB 10 1939

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

7
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **4008 DeTonty** Registered No. **7**
 (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 **TILLIE DAY MERRITT**

(a) Residence, No. **4008 DeTonty** St. **17**
 (Usual place of abode, if no street address, write county or city) (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. W. Merritt		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1857		
7. AGE YEARS 81	MONTHS 5	DAYS 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ill.		
FATHER	13. NAME Hamilton Day	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	
MOTHER	15. MAIDEN NAME Rena Hull	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Ill.	
17. INFORMANT Chas. E. Nall (ADDRESS) 4008 DeTonty		
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Ill. DATE Jan. 2, 1939		
19. FUNERAL DIRECTOR Alexander and Sons (ADDRESS) 6175 Delmar Blvd		
20. FILED 11-1 19 39 J. F. Brudick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 30-1938 19**22. I HEREBY CERTIFY, That I attended deceased from **12-20**, 19**33**, to **12-30**, 19**38**I last saw him alive on **12-20**, 19**38** Death is said to have occurred on the date stated above, at **10 A.** m.

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

Debit to (Respiratory failure) from malignant infection in the lungs. Nephritis, chronic.

Other contributory causes of importance:
Myocarditis

Date of onset **Jan 1938**

Name of operation **None** Date of.....What test confirmed diagnosis? **Physical Exam** 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) **Daryl O. Ford**, M. D.(Address) **634 N. Grand St. Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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