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

Do not use this space.

23309

1. PLACE OF DEATH
County Saline
Township Gro
City Slater Mo (No. ..... St. ..... Ward)
Registration District No. 799
Primary Registration District No. 4 4 1 7
File No. 5 15
Registered No. .....

2. FULL NAME Chas Edson Merrill

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

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 10 1875

7. AGE: Years 51 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Hessdon Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Quincy Newton Merrill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Annie Maria Coffin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montgomery Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Eldora Merrill
(Address) Slater Mo

15. FILED 7-2 19 27 M McTuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19 27, to July 1st 1927, 19.....
that I last saw h. ~~alive~~ alive on July 1st 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ulcer of Stomach pylorus
11 Hrs
(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cancer of pylorus of Stomach (duration) 1 yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF ~
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C C Emmerson, M. D
, 19 (Address) Marshall Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park Marshall Mo
DATE OF BURIAL: July 3 1927
20. UNDERTAKER: Jones & Salyer
ADDRESS: Slater Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.