

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry

Registration District No. 14

Township Windsor

Primary Registration District No. 1421

City Windsor (No. ...., St. .... Ward)

File No. 27541

Registered No. 32

**2. FULL NAME**

Minnie Jane Merriott

(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**

Female

**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**

L.M. Merriott

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

April 23 1887

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
42	4	6	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

Lincoln Missouri

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Joe Whisler

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Iowa

**12. MAIDEN NAME OF MOTHER**

M L Patterson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Polk county

**14.**

INFORMANT L.M. Merriott

(Address) Windsor Mo.

FILED Aug 31 1929

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug. 29 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Aug 29 **1929, to** Aug 29 1929 **that I last saw him alive on** Aug 29 1929 **and that death occurred, on the date stated above, at** Windsor Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Typhoid Fever.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. W. Head M. D.

, 19 (Address) Windsor 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**

Lincoln Missouri

**20. UNDERTAKER**

A. Rauf

**DATE OF BURIAL**

Aug. 31 1929

**ADDRESS**

Windsor

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.

WHITE (FAMILY); WITH UNFADING INK; THIS IS A PERMANENT RECORD

42  
29  
2

235

2

1

2

3

4

5