

RECD APR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois Registration District No. 772
4 Township St. Francois Primary Registration District No. 4463
0 City Elvington (No. 630)
2. FULL NAME Wesman Nations Merritt

File No. 12135
Registered No. 851
St. _____ Ward _____

(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

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 Alice Merritt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1857

7. AGE YEARS 81 MONTHS 5 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. Mo.

MOTHER

13. NAME Martin Merritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. Mo.

15. MAIDEN NAME Mrs Sarah Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. Mo.

17. INFORMANT Alice Merritt (ADDRESS) Elvington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck Mo DATE 7/14/39

19. UNDERTAKER Sparks & Son (ADDRESS) Elvington Mo

20. FILED 3/29 39 C. B. Starnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1939

22. I HEREBY CERTIFY. That I attended deceased from 2-6, 1939 to 2-13, 1939
I last saw him alive on 2-13 1939 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:
Præmia
Terminal pneumonia
Date of onset 2-13-39
2-11-39

Other contributory causes of importance: Septic Bacteriæ
Septic
2-6-39

Name of operation _____ Date of _____
What test confirmed diagnosis Wt. & Hgt. Exam. 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 L
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul J. Jones M. D.
Flat River, Mo. (Address)

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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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12135
Do not use this space.

PLACE OF DEATH

(a) County St. Francois
(b) Township Clarks
(c) City Clarks
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 772
Primary Registration District No. 1463

Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Weisman Nations Merritt
(a) Residence, No. _____ St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 5 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at... m.

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

Terminal pneumonia
Acute Bronchitis
Chronic nephritis, myocarditis, and arterial sclerosis
Other contributory causes of importance: 121
chronic

Name of operation Date of

What test confirmed diagnosis? 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? If so, specify (Signed) Paul L. Jones, M. D. (Address) Flat River, Mo.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every death in Missouri must be carefully reported. AGE should be checked carefully. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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