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.

OCT 26 1937

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

Do not use this space.

File No. 35189

Registered No.

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Cantwell (No. ..... St. ..... Ward)

Registration District No. 779
Primary Registration District No. 6024a

2. FULL NAME Lewis W. Merritt

(a) Residence, No. Cantwell St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1860

7. AGE: Years 77 Months 4 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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. Francois Co (STATE OR COUNTRY) Missouri

FATHER
13. NAME John Merritt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Susan Shelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Frank Merritt (ADDRESS) Cantwell Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herod C. DATE Oct. 6 - 1937

19. UNDERTAKER C. J. Boyer (ADDRESS) Desloge Missouri

20. FILED Oct 11 1937 W. P. Pluckhuth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Oct 1937

I last saw him alive on Oct 2 1937. Death is said to have occurred on the date stated above, at 4:6 m.

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

	Date of onset
Bronchopneumonia	(10-1-37)

Other contributory causes of importance:
arteriosclerosis
Caramoung prostate

Name of operation none Date of no
What test confirmed diagnosis? Clinical 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) Harold O. Kaebe, M. D.
(Address) Desloge Mo