

REC'D APR 11 1939

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

12151

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 779
(b) Township Grandolph Primary Registration District No. 66240
(c) City Dealsage (d) Street No. _____ St.
(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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mary J. Merrill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 1 _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired mine Captain
9. Industry or business in which work was done, as saw mill, bank, etc. National Lead Co.
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Dealsage Missouri

13. NAME William B. Merrill

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

15. MAIDEN NAME Henrietta Westover

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

17. INFORMANT (ADDRESS) Mrs. Lucy Green Dealsage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chickview DATE March 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. J. Boyer Dealsage, Mo.

20. FILED 4-10 1939 W. B. Luckwith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1939, to 3-9 1939

I last saw him alive on 3-8 1939 Death is said to have occurred on the date stated above, at 12:15 p.m.

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

angina pectoris & acute dilatation of heart
artificial hypertension heart
chronic myocarditis
Date of onset 3-9-39

Other contributory causes of importance: chronic myocarditis

Name of operation none 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 Z. Jones M. D.
760 (Address) 760

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.