JUL 27 1927

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

Do not use this space.

18157

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 3019 — Registered No. 160

City Independence Mo. (No. ..... St. ..... Ward)

2. FULL NAME Laura Greene Mercer

(a) Residence. No. 116 South Pleasant St., 4th Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 18 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Wayne Mercer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 10th 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	7	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

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

(c) Name of employer: ,,

9. BIRTHPLACE (CITY OR TOWN) Jackson County Mo.
(STATE OR COUNTRY) 27th Van Brent Kansas City Mo

PARENTS

10. NAME OF FATHER: Beal Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Sterling
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER: Corinna Ratliff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt Sterling
(STATE OR COUNTRY) Kentucky

14. INFORMANT: Etta Mercer Brown
(Address) 116 S. Pleasant St Independence Mo.

15. FILED June 9, 1927 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from ~~June~~ about 17 years, 19.. that I last saw her alive on June 6th, 1927, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Cardio-vascular
95 ~~[illegible]~~ break down

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypostatic pneumonia
(Lobar) few days
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Calvin Atkins, M.D.

June 6 1927 (Address) Independence, 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: Mt Wash Cem.

DATE OF BURIAL: 6-9 1927

20. UNDERTAKER: Ott & Mitchell

ADDRESS: Independence Mo.

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.