WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

27004

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Campbell — Primary Registration District No. 5439 — Registered No. 541
City Springfield (No. 6 mi E. city limits St. Ward)

2. FULL NAME William Arthur Merrill
(a) Residence. No. E. St. Louis Ill St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Fourist mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 23-1875

7. AGE: Years 52 — Months 5 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Auto
(b) General nature of industry, business, or establishment in which employed (or employer): Mechanic
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Arthur Merrill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Julia Swift
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Nellie Merrill
(Address) E. St Louis Ill

15. FILED 9/6, 1927 O C Horst Mrs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/5 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
94B
118C
91B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Indigestion caused by eating grapes
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? death occurred on division & so road - 6 mi E. city limits
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Jewell E. Windle coroner M.D.
9/6, 1927 (Address) 534 St Louis St

*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: E. St. Louis Ill — DATE OF BURIAL: 9/8 1927

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: F. H.