

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

Do not use this space.

29429

1. PLACE OF DEATH

County Andrew
Township Empire
City Lebanon (No.)

Registration District No. 15
Primary Registration District No. 5018

File No.
Registered No. 12
St. Ward)

2. FULL NAME

(a) Residence. No. Lebanon St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-26-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 20

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

9. BIRTHPLACE (CITY OR TOWN) La
(STATE OR COUNTRY)

10. NAME OF FATHER William Merritt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Daniels

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La
(STATE OR COUNTRY)

14. INFORMANT Alice Merritt
(Address) Lebanon

15. FILED 10/18/27 E. C. Joppert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/16 1927

17. I HEREBY CERTIFY, That I attended deceased from 5/5, 1927, to 10/14, 1927, and that I last saw him alive on 11/26, 1927, and that death occurred, on the date stated above, at 11:26 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatitis

137
135 (duration) 2 yrs. mos. ds.

CONTRIBUTORY Enlargement of the prostate
(SECONDARY)

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Examinations + History

(Signed) J. B. Cornelius, M.D.

, 19 27 (Address) 2630 State St - St Joseph, 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 Union Bur. Cent. DATE OF BURIAL 10/18 1927

20. UNDERTAKER R. H. Taggart ADDRESS St. Joseph, Mo.

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.

