OCT 24 1929

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

Do not use this space.

32817

1. PLACE OF DEATH
County Washington Registration District No. 887
Township Oldmines Mo Primary Registration District No. 6182
City Union (No. ..... St. ..... Ward)

File No. .....
Registered No. 68

2. FULL NAME Noah Gus Mercille
(a) Residence. No. ..... 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 Annie F. Mercille

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-18-1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	3	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill Engineer 82 77
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oldmines
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Gus Mercille
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bliss
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Alice Kincade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bliss
(STATE OR COUNTRY) Mo.

14. INFORMANT Leo Mercille
(Address) Oldmines Mo.

15. FILED 9/22 1929 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/20 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept. 20, 1929 that I last saw him alive on Sept. 6, 1929, and that death occurred, on the date stated above, at 10.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
74 A1
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteria - sclerosis
(duration) 2 yrs. 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Jos. L. Thurman, M. D.
9/21, 1929 (Address) Potosi, 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 Oldmines Mo.
DATE OF BURIAL 9/22 1929

20. UNDERTAKER J. B. Boyer & Son,
ADDRESS Potosi, Mo.

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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.

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