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.

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

Do not use this space.

35725

1. PLACE OF DEATH
County Jackson
Township Kaw.
City Kansas City (No. 5105 Highland St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 4229

2. FULL NAME Geo. Alvin Meranda
(a) Residence, No. 5105 Highland St., 15 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 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 Olga Meranda
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1871
7. AGE YEARS 61 MONTHS 2 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island 102
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

FATHER
13. NAME Warren Meranda 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER
15. MAIDEN NAME Nancy High
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Dr. Harry Meranda Weston Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Mo DATE Nov. 11 1932
19. UNDERTAKER (ADDRESS) Eylar Funeral Home Kansas City Mo.
20. FILED Nov. 11, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH Thur.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1932
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw him alive on Nov 10, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
93C	
93C	

Other contributory causes of importance: 93C

Name of operation — Date of —
What test confirmed diagnosis? phys. Exam. Was there an autopsy? no

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? no
If so, specify —
(Signed) James R. McVay, M. D.
(Address) 814 Mud Arts Bldg Kc, Mo

856 W62 Hi 1900,