

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 1  
 Township Yeast Primary Registration District No. 1  
 City Kansas City (No. 100) (General Hosp) St. 100 Ward)

File No. 13113

Registered No. 100

**2. FULL NAME**

Edward Merton

(a) Residence, No. 2510 Rochester Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-34

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

22. I HEREBY CERTIFY, That I attended deceased from 4-19-34 to 4-24-34

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1897

I last saw him alive on 4-24-34 Death is said to have occurred on the date stated above, at 7:15 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 10 19

The principal cause of death and related causes of importance were as follows:

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

Acute myocarditis with mural thrombosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

Other contributory causes of importance:  
92 a

FATHER 13. NAME E. J. Merton

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? yes

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Myers

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Reverend Clerk KC General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE 4/26/34

19. UNDERTAKER (ADDRESS) Quirk, Tobin Co 20 W Denwood

20. FILED Apr 26 1934 M. M. Lerover Registrar

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) J. J. Bennett M. D.  
 (Address) KC General Hosp

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.

DEPARTMENT RECORD

4-24-34

