

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

Do not use this space.
15325

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City 5231 Wayne St. 15 Ward 15

2. FULL NAME Herman G. Merritt
 (a) Residence No. 5231 Wayne St. 15 Ward 15
 (Usual place of abode) (If nonresident give city or town and State)

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

File No. _____
 Registered No. 2195
 St. 15 Ward 15

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, NAME OF HUSBAND OR (CONJUGAL PARTNER) Hellie Irene Merritt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 12-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 6 14

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

9. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Charles C. Merritt

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

12. MAIDEN NAME OF MOTHER Etta De Bruler

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

14. INFORMANT Mrs Hellie Irene Merritt
 (Address) 5231 Wayne Ave K.C. Mo

15. May 27, 1927 M.M. Crook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1927

17. I HEREBY CERTIFY, That I attended deceased (write name, date of birth, and date of death) 7-15-1927 to 5-26-1927 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

130 Acute Nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Fracture of Spine
Auto Acc 5 yrs ago in Georgia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1880
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) F. R. Hall, M. D.
5/27, 1927 (Address) 626 Luther Bldg
 *State the DISEASE CAUSING DEATH, or in death from VICARIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington Cemetery DATE OF BURIAL May 28 1927

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo

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.