



Hunt Institute for Botanical Documentation
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Carnegie Mellon University
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About the Institute

The Hunt Institute for Botanical Documentation, a research division of Carnegie Mellon University, specializes in the history of botany and all aspects of plant science and serves the international scientific community through research and documentation. To this end, the Institute acquires and maintains authoritative collections of books, plant images, manuscripts, portraits and data files, and provides publications and other modes of information service. The Institute meets the reference needs of botanists, biologists, historians, conservationists, librarians, bibliographers and the public at large, especially those concerned with any aspect of the North American flora.

Hunt Institute was dedicated in 1961 as the Rachel McMasters Miller Hunt Botanical Library, an international center for bibliographical research and service in the interests of botany and horticulture, as well as a center for the study of all aspects of the history of the plant sciences. By 1971 the Library's activities had so diversified that the name was changed to Hunt Institute for Botanical Documentation. Growth in collections and research projects led to the establishment of four programmatic departments: Archives, Art, Bibliography and the Library.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF PUBLIC HEALTH

Washington, D. C.

Certificate of Search

DEATH CERTIFICATE NO 51440

This is to certify that the Death Index for above death certificate reveals the following:

Name of Deceased ROSE MERRILL
Date of Death MAY 20, 1956
Index Volume No 18 Years Covered by Index 1956-1957

I certify the above to be a true and correct extract of information on file in this office.



John H. Crandall
JOHN H. CRANDALL, Chief
Vital Records Unit

KS

This is to certify that the above is a true and
correct reproduction of the original certificate
filed in order with the Vital Records Division,
Department of Public Health, District of Columbia.

Date Issued: DEC 15 1917

NOT VALID WITHOUT RAISED
SEAL

John H. Crandall
John H. Crandall, Chief
Vital Records Division

DEPT. D.C.
VITAL RECORDS OFFICE

CERTIFICATE OF DEATH

CLASS NO.
131

1935 OCT 10 PM 12 04

DISTRICT OF COLUMBIA

NO. OF RECORDS
379709

1. PLACE OF DEATH:

No. 5403 - 41st Street, N.W. Section

Name of Hospital _____ Duration of residence therein _____

2. FULL NAME

Sarah A. Merrill

(a) Residence, No. 5403 - 41st Street N.W.
(If deceased, give city or town and State)

Length of residence in D. C. 16 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W. 4. COLOR OR RACE White 5. BIRTH DATE, MONTH, DAY, AND YEAR 1/10/1887

6. PLACE OF BIRTH Chicago, Ill. 7. OCCUPATION Housewife

8. DATE OF DEATH (month, day, and year) 10/10/1935

9. AGE (Years, Months, Days) 48 10. SEX W. 11. COLOR OR RACE White

12. OCCUPATION Housewife

13. PLACE OF BIRTH Chicago, Ill.

14. DATE OF DEATH (month, day, and year) 10/10/1935

15. AGE (Years, Months, Days) 48

16. SEX W. 17. COLOR OR RACE White

18. OCCUPATION Housewife

19. PLACE OF BIRTH Chicago, Ill.

20. DATE OF DEATH (month, day, and year) 10/10/1935

21. AGE (Years, Months, Days) 48

22. SEX W. 23. COLOR OR RACE White

24. OCCUPATION Housewife

25. PLACE OF BIRTH Chicago, Ill.

26. DATE OF DEATH (month, day, and year) 10/10/1935

27. AGE (Years, Months, Days) 48

28. SEX W. 29. COLOR OR RACE White

30. OCCUPATION Housewife

31. PLACE OF BIRTH Chicago, Ill.

32. DATE OF DEATH (month, day, and year) 10/10/1935

33. AGE (Years, Months, Days) 48

34. SEX W. 35. COLOR OR RACE White

36. OCCUPATION Housewife

37. PLACE OF BIRTH Chicago, Ill.

38. DATE OF DEATH (month, day, and year) 10/10/1935

39. AGE (Years, Months, Days) 48

40. SEX W. 41. COLOR OR RACE White

42. OCCUPATION Housewife

43. PLACE OF BIRTH Chicago, Ill.

44. DATE OF DEATH (month, day, and year) 10/10/1935

45. AGE (Years, Months, Days) 48

46. SEX W. 47. COLOR OR RACE White

48. OCCUPATION Housewife

49. PLACE OF BIRTH Chicago, Ill.

50. DATE OF DEATH (month, day, and year) 10/10/1935

51. AGE (Years, Months, Days) 48

52. SEX W. 53. COLOR OR RACE White

54. OCCUPATION Housewife

55. PLACE OF BIRTH Chicago, Ill.

56. DATE OF DEATH (month, day, and year) 10/10/1935

57. AGE (Years, Months, Days) 48

58. SEX W. 59. COLOR OR RACE White

60. OCCUPATION Housewife

61. PLACE OF BIRTH Chicago, Ill.

62. DATE OF DEATH (month, day, and year) 10/10/1935

63. AGE (Years, Months, Days) 48

64. SEX W. 65. COLOR OR RACE White

66. OCCUPATION Housewife

67. PLACE OF BIRTH Chicago, Ill.

68. DATE OF DEATH (month, day, and year) 10/10/1935

69. AGE (Years, Months, Days) 48

70. SEX W. 71. COLOR OR RACE White

72. OCCUPATION Housewife

73. PLACE OF BIRTH Chicago, Ill.

74. DATE OF DEATH (month, day, and year) 10/10/1935

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year) Oct 10, 1935

16. I HEREBY CERTIFY, that I attended deceased from Aug 31, 1935 to Oct 9, 1935

that I last saw him, alive on Oct 8, 1935

and that death occurred on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH was Chronic

Intestinal Neoplasia

(Duration) _____

CONFIRMATION (physician) Physician's Office

17. Where was disease contracted? Home

18. Was there any exposure to infectious agent? No

19. What laboratory examination was made? No

20. Signature of Physician W. W. Phinney

21. Signature of Medical Examiner W. W. Phinney

22. Signature of Coroner W. W. Phinney

23. Signature of Registrar W. W. Phinney

24. Signature of Clerk W. W. Phinney

25. Signature of Nurse W. W. Phinney

26. Signature of Doctor W. W. Phinney

27. Signature of Minister W. W. Phinney

28. Signature of Priest W. W. Phinney

29. Signature of Rabbi W. W. Phinney

30. Signature of Imam W. W. Phinney

31. Signature of Minister W. W. Phinney

32. Signature of Priest W. W. Phinney

33. Signature of Rabbi W. W. Phinney

34. Signature of Imam W. W. Phinney

35. Signature of Minister W. W. Phinney

36. Signature of Priest W. W. Phinney

37. Signature of Rabbi W. W. Phinney

38. Signature of Imam W. W. Phinney

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41. Signature of Rabbi W. W. Phinney

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44. Signature of Priest W. W. Phinney

45. Signature of Rabbi W. W. Phinney

46. Signature of Imam W. W. Phinney

47. Signature of Minister W. W. Phinney

48. Signature of Priest W. W. Phinney

49. Signature of Rabbi W. W. Phinney

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56. Signature of Priest W. W. Phinney

57. Signature of Rabbi W. W. Phinney

58. Signature of Imam W. W. Phinney

59. Signature of Minister W. W. Phinney

60. Signature of Priest W. W. Phinney

61. Signature of Rabbi W. W. Phinney

62. Signature of Imam W. W. Phinney

63. Signature of Minister W. W. Phinney

64. Signature of Priest W. W. Phinney

65. Signature of Rabbi W. W. Phinney

MARGIN RESERVED FOR BINDING

M. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

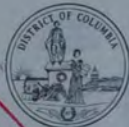
Form 1-10, 10-10-35

Date Issued: OCT 26 1978

NOT VALID WITHOUT RAISED SEAL

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED IN ORDER WITH THE VITAL RECORDS DIVISION OF THE DEPARTMENT OF HUMAN RESOURCES, DISTRICT OF COLUMBIA.

John H. Randall
John H. Randall, Chief
Vital Records Division



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES
COMMUNITY HEALTH AND HOSPITALS ADMINISTRATION
WASHINGTON, D. C. 20001

50's-60's
NOV 22 1977
2.00
49-53
IN REPLY REFER TO:

Fee enclosed: \$2.00 check # 55697

Dear

This is in reply to your recent request for a copy of a death certificate, which could not be honored for the following reason(s):

- ☒ No fee enclosed. Advance payment of a fee of \$1.00 per copy is required.
- ☐ Death did not occur in Washington, D. C. Only those deaths occurring in the District of Columbia are registered with this office. To obtain a copy, you must write to the address listed on the reverse of this letter for the state where the death occurred. There is no single federal agency that records and issues such records.
- ☐ Insufficient information for a thorough search. Please fill in the following as completely as possible and return to this office:

Full Name of Deceased Rose Merrill Race White

Date of Death ? 1950's (1952-1960?) Age at time of Death ?

Place of death Catholic Nursing Home Name of
in Wash., D. C. in N.W. (name unknown) Funeral Dir.

Name of Name of
Spouse unmarried Father Martin I. Merrill

Last known address of deceased 5403 41st St. NW with her sister Mrs. Mary A Agnes Chase; moved to a nursing home in early 1950's.

If date of death not known, then date last known alive April 20, 1952, Aug. 8

Advanced payment of a search fee of \$1.00 (Check or money order made payable to D. C. Treasurer) is required for each 5 years or fraction thereof for each name searched. If the record is found we will furnish one copy without payment of an additional fee.

5-20-56
51440
Very truly yours,

John H. Randall
John H. Randall, Chief
Vital Records Section