

James Merrifield, Corp. 88th IL Inf Co C

NAME	RANK	UNIT	ACTION	ENLISTMENT LOCATION	BIRTH / LOCATION	DEATH / LOCATION	CEMETERY LOCATION	MOH MARKER PRESENT	CITATION
Merrifield, James K.	Corporal	88th IL Inf Co C	Franklin TN 30 Nov 1864	Manlius, IL	Hyde Park PA 20 Aug 1844	St. Louis, MO 7 Sep 1916	Valhalla #12-48-4, St. Louis, MO	Yes	Captured 2 battle flags from the enemy and returned with them to his own lines.



P. 10 - Every item of information should be carefully verified. AGE should be stated EXACTLY. PREVIOUSLY recorded state CAUSE OF DEATH (in which terms, as that it may be properly classified). Exact statement of OCCUPATION to very important.

1 PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County _____		Registration District No. 791	File No. 82590
Township _____	or	Primary Registration District No. 1008	Registered No. 8456
City _____	or	City St. Louis, Mo	Ward 43
*FULL NAME James K. Merrifield		<small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
2 SEX Male	4 COLOR OR RACE White	3 MARRIAGE STATUS Married	6 DATE OF DEATH 2 7 1916
5 DATE OF BIRTH Aug 20, 1844	7 AGE 72 0 17	8 OCCUPATION (a) Trade, profession, or particular kind of work R.R. Conductor	17 I HEREBY CERTIFY, that I attended deceased from Sept 1 1916 to Sept 7 1916 , and that death occurred, on the date stated above, at 10:30 a.m.
9 BIRTHPLACE (City or town, State or foreign country) Pa.	10 NAME OF FATHER John Merrifield	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) U.S.	18 CAUSE OF DEATH* was as follows: Cerebral Hemorrhage R2A 97 604
12 NAME OF MOTHER Not Known	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) U.S.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) Nellie Merrifield	15 CONTRIBUTE (Name) Antonia Schmitt
16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 4321 Laclede av	17 PLACE OF BIRTH OR RESIDENCE (City or town, State or foreign country) Pa.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) _____	19 DATE OF BURIAL 7/9 1916
19 FILE NO. 1008	20 UNDERSTAKER Max B. Hartloff	21 ADDRESS 174 Duane St	22 ADDRESS 4207 Manchester av