AUG 17

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

Do not use this space. 21754

1. PLACE OF DEATH
County: Jasper — Registration District No.: 419 — File No.: 1927
Township: McDonald — Primary Registration District No.: JJ-73 — Registered No.: 9
City: Reeds (No. ..... St. ..... Ward)

2. FULL NAME: Belle Victoria Zinn
(a) Residence. No. Reeds Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Rezin D. Zinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 15, 1867

7. AGE: Years 59 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Stotts City,
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Phillip Hiee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Rochester,
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Prudah Beck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Tennessee

14. INFORMANT: Rezin D. Zinn
(Address): Reeds, Mo.

15. FILED: July 26/27 D X Cordonnier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 25, 1927.

17. I HEREBY CERTIFY, That I attended deceased from June, 1926, to June, 1927, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of bowels.
(duration) 1 yrs. — mos. ..... ds.

CONTRIBUTORY (SECONDARY):
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June, 1927
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. C. H. Russell, M. D
7/26, 1927 (Address) Springfield, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Stotts City, Mo. — DATE OF BURIAL: July 27, 1927.
20. UNDERTAKER: Kuell Mortuary, — ADDRESS: Carthage, 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.