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

1929 JAN 5

Do not use this space.

33801

1. PLACE OF DEATH
County: Jackson — Registration District No.: 40
Township: Grains — Primary Registration District No.: 5553 B.
City: Lee's Summit (No. Longview Farm St. Ward)

File No.
Registered No. 124.

2. FULL NAME: Earl LeRoy Zellars
(a) Residence. No. Longview Farm St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Nora Zellars

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 26 1887

7. AGE: Years 40 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: Theodore Zellars.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Laura Zellars
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio.

14. INFORMANT: Mrs Nora Zellars.
(Address): Longview Farm

15. FILED: Nov 26, 1927 F. M. Schick
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 22 1927

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 6.30 C.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lucido Perforans
(duration) 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? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dem Cavanaugh, M. D
, 19 (Address) Deputy Coroner

*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: Mt Moriah cem — DATE OF BURIAL: 11-24 1927
20. UNDERTAKER: FORWEATHER-WERNER MORTUARY — ADDRESS: KCK.

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD