

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

Do not use this space.

36003

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST JOSEPH

Registration District No. 85
Primary Registration District No. 1001
(No. ST JOSEPH HOSPITAL)

File No.
Registered No. 1247
St. Ward)

2. FULL NAME JOSEPH ZELLER

(a) Residence. No. 2909 LOVERS LANE St., Ward,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 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) NOT KNOWN

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 19-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work GARDNER
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer A.L. BARTLETT

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

10. NAME OF FATHER UNKNOWN

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT Dr. A. L. Bartlett
(Address) 2909 Lovers Lane - City

15. FILED 6 1927
REGISTRAR John G. W.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 5 TH 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1927 to Dec 5 1927 that I last saw him alive on Dec 5 1927 and that death occurred, on the date stated above, at 11:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
46 B
107 B
(duration) yrs. 6 mos. ds.
CONTRIBUTORY Broncho Pneumonia
(SECONDARY) (duration) yrs. 4 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Examination
(Signed) H. J. Thompson M. D.
12/6 1927 (Address) 825 Charles St. St. Joseph

*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 Olivet Cemetery DATE OF BURIAL Dec 7 1927

20. UNDERTAKER Rock Funeral Home - 906 S. 4th ADDRESS

- MOLES -

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.

STATE SURVEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1928

