

DAY 29 1923

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Towship
City St. Joseph, s

Registration District No. 85
Primary Registration District No. 1001

File No. 12405
Registered No. 522
St. Hospital Ward

2. FULL NAME Donald Leo Zeltner

(a) Residence. No. Severance, Kansas. St. Severance, Kansas. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 da. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 1 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1925.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 8 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Severance,
(STATE OR COUNTRY) Kansas.

PARENTS

10. NAME OF FATHER Leo Zeltner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Severance,
(STATE OR COUNTRY) Kansas.
12. MAIDEN NAME OF MOTHER Anna Drimmel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Atchison,
(STATE OR COUNTRY) Kansas.

14. INFORMANT Leo Zeltner
Address Severance, Kansas.

15. FILED APR 26 1928

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April. 26. 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928 to April 26, 1928
that I last saw him alive on April 26, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intercurrent (acute) producing obstruction
1228

129 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pertussis

(duration) yrs. mos. 304 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Severance, Kan

DID AN OPERATION PRECEDE DEATH? yes DATE OF operation

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Aspiration

(Signed) Wm. T. Egan, M. D.

Apr. 27, 1928 (Address) St. Joseph 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 Severance, Kansas. DATE OF BURIAL April. 28 1928.

20. UNDERTAKER H. C. Sidenfaden ADDRESS 1802 Union Str

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.

