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

Do not use this space.

16189

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 578

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Iola Pauline Zion,

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

Length of residence in city or town where death occurred yrs. mos. 1 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y.17,1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	12	3	21	

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

9. BIRTHPLACE (CITY OR TOWN) Bolckow, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Milford B. Zion,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Maude Numsey,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Virginia,

14. INFORMANT Milford B. Zion
(Address) Bolckow, Missouri,

15. FILED May 8 1928 John G. [illegible] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 8, 1928

that I last saw h er alive on May 8, 1928, and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ruptured gangrenous appendicitis

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Bolckow Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 7-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] Schmid, M. D

May 8, 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 Bolckow, Mo. via auto

DATE OF BURIAL May 10 1928

20. UNDERTAKER Heaton-Bigelow-Bowman by [illegible] Funeral Home

ADDRESS 319 S.10 St.

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.