

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

Do not use this space.

16731

1. PLACE OF DEATH

County Lacleade
Township Canaan
City (No.)

Registration District No. 306
Primary Registration District No. 5422

File No.
Registered No. 15
St. Ward

2. FULL NAME

Hellam Zemann
(a) Residence. No. 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 MEDICAL CERTIFICATE OF DEATH

3.-SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2

10

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Minersville, Missouri

10. NAME OF FATHER

Amrose Zemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy, Mo

12. MAIDEN NAME OF MOTHER

Mary Havelka

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy, Mo

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

5-9-1928

17.

I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to May 9, 1928, that I last saw her alive on May 8, 1928, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scalding accidentally falling in tub of hot water
181
186A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

5-9 (Signed) Joseph W Mills, M. D.
1928 (Address) Owensville Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Catholic Cemetery

5-10-1928

20. UNDERTAKER

ADDRESS

W.P. Fetterman Owensville Mo

14. INFORMANT (Address)

Amrose Zemann
Owensville Mo

15.

Filed 5-14-1928 J.J. Ferrell
REGISTRAR

