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

Do not use this space.

17456

1. PLACE OF DEATH

County: Jackson — Registration District No. 400 — File No.

Township: Prairie — Primary Registration District No. 5553 B. — Registered No. 65

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Jacob Zummalt

(a) Residence. No. Jackson Co. Home (Usual place of abode) ..... Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Jacob Zummalt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 1. 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	8	1	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY): St Charles Co. Mo.

PARENTS

10. NAME OF FATHER: John Zummalt

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Polly Petty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): Mo.

14. INFORMANT: J. W. Hostetter (Address) Supt. Jackson Co. Home

15. FILED May 2, 1928 F. M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-2-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1928, to May 2nd, 1928, that I last saw him alive on April 30, 1928, and that death occurred, on the date stated above, at 9.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis 93C 16C

90B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General inanition

..... (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? Clinical

(Signed) J. W. Greene, M. D

May 2, 1928 (Address) Independence 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: Buckner Mo — DATE OF BURIAL: May 4 1928

20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Buckner Mo

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.