

JUL 25 1928

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

Do not use this space.

20359

1. PLACE OF DEATH

County Shelby  
Township  
City Stobersy (No. .... St. .... Ward)

Registration District No. 314  
Primary Registration District No. 4190

File No. ....  
Registered No. 23

2. FULL NAME Ruth Marie Zulkis

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stobersy Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Emil M. Zulkis

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

12. MAIDEN NAME OF MOTHER Florence Zulkis

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

14. INFORMANT Emil M. Zulkis  
(Address) Conception Junction Mo

15. FILE NO. JUL 9 1928 S Bernall  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 21 1928 to June 23 1928 that I last saw him at alive on June 23 1928, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septicemia (Mechanical)  
78 B

CONTRIBUTORY (SECONDARY)

2002

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. S. Sinfon, M. D.

, 19 (Address) Stobersy 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 Stobersy Mo  
High Ridge Cemetery DATE OF BURIAL 6/24 1928

20. UNDERTAKER Labert F. Phillips ADDRESS Stobersy 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.

