

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

Do not use this space.

28650

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

No. **427** *Becky Trickett*

File No.

Registered No. **8105**

St. Ward

2. FULL NAME

(a) Residence. No. **427** *Frank* St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **76** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

17. I HEREBY CERTIFY That I attended deceased from *June 19 1928* to *Aug 8 1928* that I last saw him *live on Aug 7 1928* and that death occurred, on the date stated above, at *Frank* Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 31 - 1902*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min. *26 | 2 | 8*

Chronic Sympathetic 72A Lentherma

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) *65A*

9. BIRTHPLACE (CITY OR TOWN) *Paris* (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER *John Zeigler*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Swiss Burial Park* DATE OF BURIAL *Aug. 10 1928*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

20. UNDERTAKER *Wacker-Halden* ADDRESS *2331 No. 13th*

12. MAIDEN NAME OF MOTHER *Anna Dick*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

14. INFORMANT (Address) *Becky Trickett*

15. FILED **116-9** *1322* *Wacker-Halden* REGISTRAR

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.

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Nicholas