JAN 21 1929

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

Do not use this space.

39602

1. PLACE OF DEATH

County Buchannan Registration District No. 86

Township Washington Primary Registration District No. 5127

File No. 75 8101

Registered No.

City St. Joseph. (No. 1½ Miles E of St. Joseph on Saxton Rd. St. Ward)

2. FULL NAME John Zebelan.

(a) Residence. No. 1½ Miles E of St. J. on Saxton Rd. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 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 Anna Zebelan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28, 1885.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	1	24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY) Hungary.

PARENTS

10. NAME OF FATHER Moyca Zebelan.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria Hungary.
(STATE OR COUNTRY) Hungary.

12. MAIDEN NAME OF MOTHER Unknown.

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

14. INFORMANT Mrs. Anna Zebelan.
(Address) St. Joseph Mo.

15. FILED Dec 24, 1928 J. J. Swinehart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 22, 1928, that I last saw h[illegible] alive on Dec 21, 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edward Hughes M. D

12/24, 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	DATE OF BURIAL
Mount Olivet Cemetery.	Dec 24, 1928
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD