JAN 23 1929

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

Do not use this space.

40404

118

1. PLACE OF DEATH

County Howell

Township Howell

City West Plains (No. ..... St. ..... Ward)

Registration District No. 384

Primary Registration District No. 4277

File No. .....

Registered No. .....

2. FULL NAME William J Zorn

(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. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	W	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80		0	9	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Herman

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Peter Zorn Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Louise Staub

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) France

14. INFORMANT Will H. Zorn

(Address) West Plains Mo

15. FILED 12-19-1928 O. A. Heinrich REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11th, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1928, to Dec. 11th, 1928 that I last saw him alive on Dec. 11th, 1928 and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

93C

107A

125B

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis and Chr. Cystitis. (duration) 10 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

12/12, 1928 (Signed) A. H. Thornburgh, M.D.

(Address) A. H. Thornburgh, M.D.

*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 Oak Lawn Cemetery

DATE OF BURIAL Dec 12" 1928

20. UNDERTAKER Geo. Stapp

ADDRESS West Plains Mo.