

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

Do not use this space.

6174

**1. PLACE OF DEATH**

County Greene  
Township Unspecified  
City Unspecified (No. ....)

Registration District No. 318  
Primary Registration District No. 2001

File No. ....  
Registered No. 177  
St. .... Ward)

**2. FULL NAME**

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

Length of residence in city or town where death occurred 16 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
16 Unknown

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
(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)

PARENTS

10. NAME OF FATHER August Zisch

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

12. MAIDEN NAME OF MOTHER Unknown Hutter

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

14. INFORMANT August Zisch  
(Address) Billings Mo

15. FREQ. 2/25 19 29 Okford Mo  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1929, to Feb 25, 1929, that I last saw h. alive on Feb 22nd, 1929, and that death occurred, on the date stated above, at 2:45 p. .... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Meningitis (Pneumococci)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

0 DID AN OPERATION PRECEDE DEATH. m. .... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Culture spinal fluid  
(Signed) George H. Camp, M. D.  
, 19 (Address) 414 Ireland Bldg.

\*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 St. Peter Cemetery Billings Mo DATE OF BURIAL 2/26 1929

20. UNDERTAKER A. S. Wallace ADDRESS Billings 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.

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

MAR 22 1929

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