JUL 27 1929

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

Do not use this space.

22418

File No. 96

Registered No. 96

1. PLACE OF DEATH
County St Francois Registration District No. 773
Township 1 Primary Registration District No. 4464
City Farmington (If outside city limits so state) No. St. Ward)

2. FULL NAME John P Zalman

(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Justice of the Peace St Francois Twp
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joel Zalman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Louisa Murphy.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Francois Co. Mo.

14. INFORMANT Mary Blaylock
(Address) Farmington Mo.

15. FILED 6-10 1929 B. J. Robinson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to June 8, 1929
that I last saw h. alive on June 8 1929 and that
death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Arteriosclerosis
Chronic Prostatitis
97
127
(Duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. Applebury, M. D
6/10, 1929 (Address) Farmington 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
Jolman Cemetery	June 11 1929
20. UNDERTAKER	ADDRESS
Farmington Und Co.	Farmington 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