

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

Do not use this space.

40220

PLACE OF DEATH

County St. Louis
Township Clay
City St. Louis (No. _____)

Registration District No. 287
Primary Registration District No. 5405

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME Mahala Ann. Zummalt
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Billis Zummalt
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1848
7. AGE YEARS 81 MONTHS 5 DAYS 18
IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Eduardo.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Ed Montgomery
(Address) Honesville, Mo.

15. FILED 12/30/29 C. S. Cope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1929 to Dec 30, 1929
that I last saw her alive on Dec 29, 1929 and that death occurred on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11B
(duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY (SECONDARY) 11B
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS C/S Cope
(Signed) _____, M. D.
12-30-29 (Address) Honesville, 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 Grave Cemetery **DATE OF BURIAL** 12-31-1929
20. UNDERTAKER McDaniel Funeral Co. **ADDRESS** Senath, 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 very important.

JAN 21 1930

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