

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.

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

Do not use this space.

18692

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital)File No. 722Registered No. 722St. Diagonal Ward Iowa2. FULL NAME Clarence Zarr(a) Residence. No. Diagonal Iowa

(Usual place of abode)

St. DiagonalWard. Iowa

Length of residence in city or town where death occurred

yrs.

mos.

6 ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 18, 1919

7. AGE

YEARS 11MONTHS 4DAYS 3

IF LESS than 1 day, ... hrs. or min.

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) Diagonal

(STATE OR COUNTRY)

Iowa

PARENTS

10. NAME OF FATHER

David L. Zarr

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Monmouth

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Bessie Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Afton

(STATE OR COUNTRY)

Iowa

14.

INFORMANT David L. Zarr(Address) Diagonal Iowa

15.

FILED 23 1930

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 14, 1930, to June 21, 1930, that I last saw him alive on June 14, 1930, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction
121A
122B

CONTRIBUTORY (SECONDARY)

Acute Sanguineous Appendicitis with Perforation
(duration) yrs. mos. 24 hrs.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 14
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Obstruction & Cholecystitis
(Signed) Carl Foster M. D.

June 21, 30 (Address) 731 Taron St. S.E.

*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

Diagonal Iowa

DATE OF BURIAL

June 23, 1930

20. UNDERTAKER

W. H. Sickelbach
ADDRESS 1802 Union St.

64200