

SEP 22 1930

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

Do not use this space.

25968

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital)

File No.

Registered No. 965

St.

Ward)

2. FULL NAME George Abraham Zaroor(a) Residence. No. 1417 Felix Straet

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 26 yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

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

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFSarah Zaroor

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

May 15, 1883

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

4739

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Fruit Merchant

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

Self

## 9. BIRTHPLACE (CITY OR TOWN)

Ferzo Lebanon

(STATE OR COUNTRY)

Seria

## 10. NAME OF FATHER

Abraham Zaroor

## PARENTS

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

Unknown

(STATE OR COUNTRY)

Seria

## 12. MAIDEN NAME OF MOTHER

Martha Meta

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

Unknown

(STATE OR COUNTRY)

Seria

## 14.

INFORMANT Mrs. Sarah Zaroor(Address) 1417 Felix St. - St. Joseph Mo.

## 15.

AUG. 25 1930

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

August 24 19 30

## 17.

I HEREBY CERTIFY, That I attended deceased from Aug 20 1930 to Aug 24 1930  
that I last saw h. im alive on Aug 24 1930, and that  
death occurred, on the date stated above, at 4/55 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Abscess of lung, Cause  
unknown

CONTRIBUTORY  
(SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

Aug 21-30

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Aug. 25, 1930 (Address)

\*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

Mt. Olivet Cemetery

## DATE OF BURIAL

Aug. 26 19 30

## 20. UNDERTAKER

## ADDRESS

1802 Union St.

WHITE PEN INLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

