SEP 25 1930

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

Do not use this space.

27169

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No.
Township Dover — Primary Registration District No. 5623-B — Registered No. 68
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Higginsville, Mo.
(a) Residence. No. Jacob Zilliox 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24th 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(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) Penn

PARENTS
10. NAME OF FATHER Godfreid Zilliox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Yost
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT R. L. Zilliox
(Address) Higginsville, Mo.

15. FILED 8-16, 1930 Bessie P Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930, 19....., to August 16, 1930 that I last saw him alive on August 16, 1930, 19....., and that death occurred, on the date stated above, at 11 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis chronic associated with enlarged prostate and cystitis
over 1 year.
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
many years.
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED 130
IF NOT AT PLACE OF DEATH 97
DID AN OPERATION PRECEDE DEATH? No. DATE OF 137
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) W. E. Koppenbrink, M. D.
Aug 16, 1930 (Address) Higginsville, 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 Hack Berry - Near Nevada, Missouri. — DATE OF BURIAL 19

20. UNDERTAKER A H Hoder — ADDRESS Higginsville,

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.