

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

29237

File No. _____
 Registered No. 79
 St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. 54) Excello Drive

2. FULL NAME Francis Zuchowski

(a) Residence. No. 829 South 19th Street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Zuchowski.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 2, 1862.		
7. AGE YEARS 68	MONTHS 7	DAYS 10
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER Michael Bumby.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Germany.

14. INFORMANT Mrs Lucille Hunter.
 (Address) 54 Excello Drive.

15. Sept 12, 1930 J. P. Bausch
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **September 12 1930**

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to Sept 12, 1930 that I last saw h. or alive on Sept 8, 1930, and that death occurred, on the date stated above, at 6:19 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Spleen Flexure
of Colon
946c
97 (duration) _____ yrs. 4 mos. _____ ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
 (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
49
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) London Detroit M. D.
9/12, 19 30 (Address) 845-80 1/2 St. St. J. or 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 Mount Olivet Cemetery. DATE OF BURIAL Sept 15 1930

20. UNDERTAKER A. O. Sudeufader ADDRESS 1802 Union St.

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.

