

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

Do not use this space.

701

FEB 18 1931

**PLACE OF DEATH**

County Dallas  
Township Wilson  
City Long Grove (No. ....)

Registration District No. 241  
Primary Registration District No. 5343

File No. ....  
Registered No. 2  
St. .... Ward

**2. FULL NAME**

Zelda Abie Williams Jasper

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. WIFE OF HUSBAND OF (OR) WIFE OF Samuel Jasper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1906

7. AGE YEARS MONTHS DAY IF LESS than 1 day, .... hrs. or .... min.  
24 | 4 | 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 23  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lead mine, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER William William

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Samuel Jasper  
(Address) Long Grove, Mo

15. FILED 2-10-1931 J. B. Jones REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17, 1931

17. I HEREBY CERTIFY That I attended deceased from 1-11-31, 1931, to 1-17-31, 1931, and that I last saw her alive on 1-17-31, 1931, and that death occurred, on the date stated above, at 1:30 8 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
Childbirth

CONTRIBUTORY (SECONDARY) Childbirth  
(duration) yrs. mos. da. 2 da.

8 da.

**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**

(Signed) J. H. Greenwood, M. D.

1-17-1931 (Address) Buffalo 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 Union Home Cemetery DATE OF BURIAL Jan 20 1931

20. UNDERTAKER J. B. Jones ADDRESS Buffalo 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 is very important.

