WRITE PLAINLY, 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.

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

Do not use this space.

17183

85

File No.

Registered No. 528

1. PLACE OF DEATH
County Buchanan — Registration District No.
Township — Primary Registration District No. 1001
City St. Joseph (No. 2417 Faraon St. Ward)

2. FULL NAME Matilda Zink

(a) Residence, No. 2417 Faraon St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)
F	W	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Aaron Zink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	86	2	8 ~~5~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Known

FATHER

13. NAME Tl Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Unknown

MOTHER

15. MAIDEN NAME Rebecca Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs J.H. Sudarth
(ADDRESS) 2417 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn DATE 5/19 1931

19. UNDERTAKER J.L. Stingley
(ADDRESS) 2150 10th

20. FILED MAY 18 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1931

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 16, 1931, to ..., 19...
I last saw her alive on May 17, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	5 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) S. D. Lenox, M. D.
(Address) St. Joseph Mo.

Dr Senor does not
know the exact cause
of death other than
what he has put on
the certificate.

JPB