

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

Do not use this space.

32234

1. PLACE OF DEATH

County Ray
Township Richmond
City Rayville (No. 5976B)

Registration District No. 744
Primary Registration District No. 3035

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

2. FULL NAME

(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. 9 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rayville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Martin Zirjacks

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

12. MAIDEN NAME OF MOTHER Groce E. Hamman

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

14. INFORMANT M. H. Zirjacks
(Address) Rayville Mo

FILED 9-22-31 REGISTRAR E. C. Day

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1931, to Sept 20 1931 that I last saw him alive on Sept 20, 1931, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sho colitis

119B / 110 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS Typical Gram stain

(Signed) Dr. J. C. Belknap, M. D.

, 19 _____ (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 M. Gough Cemetery DATE OF BURIAL 9/21 1931

20. UNDERTAKER J. H. Krawford ADDRESS Rayville 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.

OCT 26 1931

