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.

OCT 29 1931

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

Do not use this space.

33415

1. PLACE OF DEATH
County Vernon
Township Washington
City ~~Nevada Mo.~~ (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 226

2. FULL NAME George Zigelhofer
(a) Residence. No. Marshfield Mo. St., R.F.D. 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. 4 ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dairy Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Odenberg
(STATE OR COUNTRY) Austria Hungary

PARENTS
10. NAME OF FATHER Karl Zigelhofer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria Hungary
12. MAIDEN NAME OF MOTHER Elizabeth Hoover
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria Hungary

14. INFORMANT Mrs. Ida Zigelhofer
(Address) Marshfield Mo.

15. FILED 9-17 1931 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to Sept 16, 1931 that I last saw him alive on Sept 16, 1931, and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
Arterio sclerosis

(duration) 9 yrs. mos. 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
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Gross Findings
(Signed) Laurence L. Cooper, M. D.
Sept 17, 1931 (Address) Nevada 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: Marshfield Mo.
DATE OF BURIAL: Sept. 17 1931

20. UNDERTAKER: Marsh Eichinger
ADDRESS: Nevada Mo.