

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

Do not use this space.

7458

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 2019 Agency Road, _____ St. _____ Ward)

File No. _____
Registered No. 257

2. FULL NAME

(a) Residence, No. 2019 Agency Road, _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O.A. Zollinger</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1878</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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) <u>St. Joseph, Mo. 1</u>				
FATHER	13. NAME <u>Joseph Werst</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio. 2</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Miller</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio.</u>			
17. INFORMANT (ADDRESS) <u>O.A. Zollinger 2019 Agency Road.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>Mar. 15, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Meinhoff 1302 Ferson St. St. Joseph, Mo.</u>				
20. FILED <u>MAR 14 1932</u> <u>John R. Barden</u> Registrar.				

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1932 1932

22. I HEREBY CERTIFY That I attended deceased from February 11, 1932, to March 13, 1932
I last saw her alive on March 12, 1932. Death is said to have occurred on the date stated above, at 4.30 P.M.
The principal cause of death and related causes of importance were as follows:

<u>Cardiac Insufficiency</u> <u>Myocarditis</u> <u>131</u> <u>939</u> <u>952</u>	Date of onset
<u>Chronic Parenchymatous Nephritis</u> <u>Arterio Sclerosis</u>	<u>131</u> ①

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? history 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? _____
If so, specify _____
(Signed) Wesley E. Eason, M. D.
(Address) 720 Franklin Street

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.

APR 25 1932

