

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

Do not use this space.

19733

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Jean Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 7-C General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2543  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2137 N. Brooklyn Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. W. #35

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) Germany

FATHER 13. NAME L. J. Zigard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT De und Clerk  
(ADDRESS) 2-C Gen Hosp. RCM

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Hill DATE 6-27-1932

19. UNDERTAKER Peter B. Lepetina  
(ADDRESS) R.C. Mo.

20. FILED 6/27 1932  
M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-22 1932 to 6-24 1932

I last saw her alive on 6-24 1932 Death is said to have occurred on the date stated above, at 10:35 P. M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset 124B / 124B

Other contributory causes of importance: ①

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 no  
(Signed) P. B. Lepetina M. D.  
(Address) Sept R.C. Gen. Hosp. RCM

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.

WHITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

