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

Do not use this space.

22097

File No. .....
Registered No. 126

1. PLACE OF DEATH

County Butler — Registration District No. 84
Township 12 Poplar Bluff — Primary Registration District No. 3131
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gene Zolman

(a) Residence, No. ..... Poplar Bluff, Mo. 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

AUG 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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 COUNTY) Butler County

FATHER

13. NAME E. D. Zolman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co.

MOTHER

15. MAIDEN NAME Lola Beaumont
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) E. D. Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Hill DATE 7/27 1932

19. UNDERTAKER (ADDRESS) Frow Und. Co. Poplar Bluff Mo

20. FILED July 27, 1932 B J Cling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 - 3 P.M. 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P.M.

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

I did not see this child. Father came to my office for medicine presumably for Malaria.

Date of onset .....

Other contributory causes of importance: .....

38 (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. W. McPheeters, M. D.
(Address) Lucy Lee Hospital