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.

AUG 25 1932

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

Do not use this space.

23640

1. PLACE OF DEATH

County Perry — Registration District No. 660 — File No. 4

Township — Primary Registration District No. 4396 — Registered No.

City Perryville, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Joseph M. Zahner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) May 14, 1932

7. AGE — YEARS: — MONTHS: 2. — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

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) Perryville R.F.D. (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Daniel Zahner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co. Mo (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Urthel Welker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo

14. INFORMANT G. O. Welker (Address) Perryville, Mo

15. FILED 7/18, 1932 Geo. J. Meeker, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 17, 1932, that I last saw ~~b.~~ alive on May 14, 1932, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coheral Infantum
Mal assimilation
Artificial milk
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Gastro Enteritis (Emaciation)
(duration) ..... yrs. 1 week mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo. H. Blaylock, M. D.
, 19 (Address) Perryville

*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: Mount Hope — DATE OF BURIAL: 7-18 1932

20. UNDERTAKER: Boellner & Young — ADDRESS: Perryville