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.

JAN 7 1933

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

Do not use this space.

34913

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 202

7 City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Ed. D. Zolman

(a) Residence, No. N. Grand Ave. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 16, 1881

7. AGE: Years 51 — Months 8 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor 237
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): Missouri 1

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): T. R. Luttrell N. Grand Ave. Poplar Bluff,

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ash Hill DATE Nov. 30, 1932

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Nov 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1932, to Nov. 30, 1932

I last saw him alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 3 A. m.

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

Lobar pneumonia — Date of onset

108 108

Other contributory causes of importance:

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