

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

Do not use this space.

17016

File No. 414  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

55 County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. 111 East Cofield)

**2. FULL NAME** Deliah Zenor

(a) Residence, No. 111 East Cofield 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Zenor  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24-1841  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
91 7 9  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Ohio

FATHER 13. NAME Jake Lybarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Susan Swazer

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

17. INFORMANT George Zenor (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem. DATE May 5 1933

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 1933 R. W. Smart Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1924 to May 3 1933  
I last saw her alive on May 3 1933. Death is said to have occurred on the date stated above, at 9.00 a.m.  
The principal cause of death and related causes of importance were as follows:

Old age,  
102 162  
Other contributory causes of importance: none

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) Thomas D. Miller, M. D.  
(Address) Aurora, Mo.

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.

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V. S. NO. 2

*Miller*

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