

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

Do not use this space.

25665

1. PLACE OF DEATH

County: Buchanan Registration District No. 85  
Township: \_\_\_\_\_ Primary Registration District No. 1001  
City: St. Joseph (No. 1531 So. 13th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 787 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Michael Henry Zuegley  
(a) Residence, No. 2531 So. 13th St. 7th Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meddard Zuegley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9<sup>th</sup> 1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1932</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Mo.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Jennie Hayes Agency</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Agency, Mo.</u> DATE <u>Aug 9 33</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Sullivan</u>		
20. FILED <u>8-8-33</u> <u>Thos. Bender</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1- 1933 to 8-7- 1933

I last saw him alive on 8-7, 1933 Death is said

to have occurred on the date stated above, at 5:05 p.m.

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

acute dysentery  
77  
136  
9  
sclerosis arterio Sclerosis

Other contributory causes of importance:

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) B. W. Tadlock, M. D.  
(Address) King Hill Bldg.  
St. Joseph Mo.

SEP 26 1933

WHITE 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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