

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 26 1934

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

Do not use this space.

1. PLACE OF DEATH  
County.....Buchanan...... Registration District No. 85  
Township..... Primary Registration District No. 1129  
City.....St. Joseph...... (No. 1121 South 15th Street...... St. .... Ward)

39267  
File No. ....  
Registered No. 1294

2. FULL NAME Matthew Ziebold.  
(a) Residence, No. 1121 South 15th Street. St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 52 yrs. mos. .... ds. How long in U. S., if of foreign birth? 52 yrs. mos. .... ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Ziebold.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1858.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher.  
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) 7 Years 11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (CITY OR TOWN) Baden. (STATE OR COUNTRY) Germany.

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

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

17. INFORMANT Mrs Katherine Ziebold. (ADDRESS) 1121 South 15th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park Cem DATE Dec 30 1933

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Street.

20. FILED 12-29 1933 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933 to Dec 29 1933  
I last saw him alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 8:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Hemorrhage from gastric ulcer Date of onset Dec 25-28

Other contributory causes of importance:  
1933 7 1

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) John R. Bender M. D.  
(Address) 1802 Union Street



