

MAR 24 1934

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

Do not use this space.

3885

1. PLACE OF DEATH

County Bates  
Township Rockville  
City Rockville (No. ....)

Registration District No. 54  
Primary Registration District No. 4032

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME Sarah Elizabeth Zellars

(a) Residence, No. .... St. .... Ward.

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fem.</u>	4. COLOR OR RACE <u>White</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>Gottlieb Zellars</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7, 1864.</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>0</u>	<u>3</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>Housewife</u>
	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) Delpha, Ohio.

13. NAME Wm. Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Ohio.

15. MAIDEN NAME Mary Jane Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Penn.

17. INFORMANT Mrs. Della Walden-sister (ADDRESS) Topeka, Kas

18. BURIAL, CREMATION, OR REMOVAL PLACE Meyers Cemetery DATE Feb. 14, 34.

19. UNDERTAKER Frank Lee (ADDRESS) Appleton City, Mo.

20. FILED Feb 12 19 34 Mar. B. Freeman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 34. 19  
22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 34. 19..... to Feb. 10, 34. 19.....  
I last saw h. or alive on Feb. 10, 34. 19..... Death is said to have occurred on the date stated above, at 12:10m.  
The principal cause of death and related causes of importance were as follows:

Extreme abdominal pain and dysentery of Feb. 4, which continued till 6, when I was called found her with double pneumonia.

Other contributory causes of importance: age 100

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) A. S. Greenman M. D.  
(Address) Rockville, Mo.

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.

