25 1934

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.

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

Do not use this space.

1. PLACE OF DEATH

County CLAY — Registration District No. 198 — File No. 8266

Township ~~Fishing River~~ — Primary Registration District No. 3011 (25) — Registered No.

City Excelsior Springs, Mo (No. Veterans Administration Hospital St. 3rd Ward)

2. FULL NAME Albert C. Zuchholdt

(a) Residence, No. Veterans Administration Hospital Ward. Jamestown, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 16 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1873

7. AGE 61 YEARS 2 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sta. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME August Zuchholdt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Minnie Nolting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Records Veterans' Hospital Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE California Mo. DATE Mar 12 1934

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs, Mo.

20. FILED Mar. 12, 1934 Mrs Rae McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1933, to March 11, 1934

I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

	Date of onset
Aortic Insufficiency	
92A	
92	

Other contributory causes of importance: Hypertension

Name of operation none Date of

What test confirmed diagnosis? Exm. & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? Unknown

If so, specify

(Signed) H. C. Hardegree, M. D.

(Address) DR. H. C. HARDEGREE Excelsior Springs, Missouri