

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

Do not use this space.

8615
107

1. PLACE OF DEATH

County Yazoo ^{where} Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield Surge Hospital St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. Yazoo Mo. St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>0</u>
		DAYS
		<u>18</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>at Judge</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bakery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7 mos.</u>	11. Total time (years) spent in this occupation <u>6</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yazoo Mo.</u>
	13. NAME <u>O. J. Zentner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yazoo Mo.</u>
	15. MAIDEN NAME <u>Pearl Sandy</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yazoo Mo.</u>
	17. INFORMANT <u>Helty Zentner</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park Cem.</u> DATE <u>Mar 26</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>Porter M. Clark</u> <u>Mrs. Porter M. Clark</u>	
20. FILED <u>3-26</u> 19 <u>34</u> <u>Springfield, Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3 1934 to March 23 1934
I last saw h. a. alive on March 23 1934. Death is said to have occurred on the date stated above, at 8:52 P.M.

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

Pulmonary tuberculosis far advanced Date of onset Sept. 31
Tuberculous meningitis ad 34

Other contributory causes of importance
23
1183

Name of operation Hartotomy Date of 3-2-34
What test confirmed diagnosis? X-ray 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) [Signature], M. D.
(Address) Med. Dept. Springfield, Mo.

Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 107
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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.

Emma A Zentner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1910

7. AGE YEARS 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. _____
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) _____

MOTHER / FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____ (Signed) _____, M. D.

SUPPLEMENTARY

5198-5