

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

Do not use this space.

24429

1. PLACE OF DEATH

County Jackson Registration District No. 2
Township 1 Primary Registration District No. 1
City W.E. Rife Research Hospt. St. Mo. Ward) 3

2. FULL NAME

(a) Residence, No. Amsterdam St., Mo. Ward.
(Usual place of abode)

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>M.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27-1917</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>6</u>
	DAYS <u>11</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>Unknown</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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>H. C. Iowa.</u>	
	13. NAME <u>W. E. Zellmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	15. MAIDEN NAME <u>Mary Miclan</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	17. INFORMANT <u>W. E. Zellmer</u> (ADDRESS) <u>Amsterdam Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amsterdam Mo</u> DATE <u>7-9-34</u>		
19. UNDERTAKER <u>Margold & Archer</u> (ADDRESS) <u>Amsterdam Mo</u>		
20. FILED <u>July 8</u> 19 <u>34</u> <u>W. E. Zellmer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/34 . 1934

22. I HEREBY CERTIFY That I attended deceased from Amsterdam Mo 1934, to Amsterdam Mo, 1934.

I last saw him alive on 23rd Death is said to have occurred on the date stated above, 23rd m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound of the head. Date of onset 7/8/34

Other contributory causes of importance no

Name of operation Autopsy Date of 7/16/34

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (accident, suicide, or homicide), fill in the following:
Accident, suicide, or homicide Accident Date of injury 7/8/34
Where did injury occur Amsterdam Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Shot in head.

Manner of injury Shot in head.

Nature of injury Shot in head.

24. Was disease or injury related to occupation of deceased?
If so, specify None

(Signed) W. E. Zellmer M.D.
(Address) Amsterdam Mo

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.

AUG 21 1934

