

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.

OCT 11 1934

1. PLACE OF DEATH

County CedarRegistration District No. 168File No. 32229Township El DoradoPrimary Registration District No. 4095Registered No. 70City El Dorado (No. 5)St. Mo Ward 12. FULL NAME John Marion Zion(a) Residence, No. 5St. ZION

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie M Zion7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 1878

8. AGE

YEARS 76MONTHS 10DAYS 20

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo13. NAME Geo W Zion14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va15. MAIDEN NAME Martha Hobbs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va17. INFORMANT Mrs Archie Zion(ADDRESS) El Dorado Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City CemDATE Sept 29 193419. UNDERTAKER Geo W Natus(ADDRESS) El Dorado Mo20. FILED 9-28-1934J W Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Angina PectorisDied when I arrived
74 A

Other contributory causes of importance:

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?

If so, specify

(Signed) J W Dawson

M. D.

(Address) El Dorado Springs

