OCT 18 1934

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

Do not use this space.

35001

1. PLACE OF DEATH
County Texas
Township Piney
City Houston Mo (No. ..... St. ..... Ward)
Registration District No. 863
Primary Registration District No. 2137
File No. 45
Registered No. .....

2. FULL NAME Estrel Ziegler

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M -
4. COLOR OR RACE W -
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1909

7. AGE YEARS 25 - MONTHS 3 DAYS 5 - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) June - 1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo

FATHER
13. NAME Fred Ziegler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo

MOTHER
15. MAIDEN NAME Myrtle Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

17. INFORMANT (ADDRESS) Estrel Cole

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Sept 18, 1934

19. UNDERTAKER (ADDRESS) G. V. Elliott

20. FILED 9-17, 1934 J. R. Womack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1934 to 9-17, 1934
I last saw him alive on 9-17, 1934. Death is said to have occurred on the date stated above, at 10-30 a.m.
The principal cause of death and related causes of importance were as follows:

claimed to have eaten something that poisoned him. Was uncertain as to diagnosis. He grew steadily worse until death.

Date of onset

Other contributory causes of importance:

2006

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) J. R. Womack, M. D.
(Address) Houston, Mo.