

DEC 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph, (No. Robidoux Hotel

St.

Ward)

2. FULL NAME

Oliver August Zollinger

(a) Residence, No.

2019 Agency Road.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFCora Margaret Zollinger

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

June 27, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.61429

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Travelling Salesman9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Brown Shoe Co.10. Date deceased last worked at
this occupation (month and
year) Nov. 193411. Total time (years)
spent in this
occupation 4012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cooper Co.,
Mo.

FATHER

13. NAME

John H. Zollinger14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Frederick Co.,
Md.

MOTHER

15. MAIDEN NAME

Margaret Davis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Frederick Co.,
Md.17. INFORMANT
(ADDRESS)Miss Radiance Zollinger
2019 Agency Road.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Nov. 28, 193419. UNDERTAKER
(ADDRESS)Walter Meierhoffer
1302 Faraon St. St. Joseph, Mo.

20. FILED

11-2819 34John R. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1934 1922. I HEREBY CERTIFY, That I attended deceased on
Nov. 26, 1934, 19, to

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

to have occurred on the date stated above, at 3.00 P. M.

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

Date of onset

Cerebral Hemorrhage
8217
8291

Other contributory causes of importance:

Arterio SclerosisName of operation none Date ofWhat test confirmed diagnosis? clin. hist. 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) Wm. Thomas Coroner(Address) 731 Faraon St. St. Joseph, Mo.

