

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

Do not use this space.

43756

JAN 1 8 1935

1. PLACE OF DEATH

County Monroe
Township
City Monroe City (No. 424)

Registration District No. 581
Primary Registration District No. 4343
Winters

File No.
Registered No. 28
St. Ward

2. FULL NAME

Willard Charles Zuke.

(a) Residence, No. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 12 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy N. Zuke.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3rd 1964

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>			<u>13</u>	

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. Gen Agriculture

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galina Illinois

13. NAME Solomon Zuke -

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

15. MAIDEN NAME Lucy N. Elston.

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

17. INFORMANT Mrs Lucy Zuke
(ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jude's Cemetery DATE 12-19-34

19. UNDERTAKER Wilson + Son -
(ADDRESS) Monroe City Mo

20. FILED 12/8 1934 O. W. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1934, to Dec. 16, 1934
I last saw him alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Bronchopneumonia
Cardiac failure

Date of onset Dec. 5 1934

Other contributory causes of importance:

Name of operation clinical Date of 10/10
What test confirmed diagnosis? clinical 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) F. N. Simmons D.O. M-B.
(Address) Monroe City, Mo.

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.

