

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.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. St. Joseph's Hospital.)File No. 19000Registered No. 625St. Ward 2. FULL NAME Robert Francis Zook.(a) Residence, No. 106 E. Hyde Park Ave. St. Ward
(Usual place of abode)Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1935.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
	<u>0</u>	<u>1</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant.</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	

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri.13. NAME Donald W. Zook.14. BIRTHPLACE (CITY OR TOWN) Tarkio
(STATE OR COUNTRY) Missouri.15. MAIDEN NAME Bernadette Angell.16. BIRTHPLACE (CITY OR TOWN) Kansas City.
(STATE OR COUNTRY) Kansas.17. INFORMANT Donald W. Zook.
(ADDRESS) 106 E. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City Kansas DATE June 11, 193519. UNDERTAKER H. O. Sidenfaden.
(ADDRESS) 1802 Union St. St. Joseph Mo.20. FILES 10-1935 John R. Bunker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 193522. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 10, 1935I last saw him alive on June 9, 1935, 19 35. Death is said to have occurred on the date stated above, at 1:20 A. M.

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

Branch pneumonia Date of onset 6-6-35influenza 6-6-35Other contributory causes of importance NoneName of operation None Date of What test confirmed diagnosis? None Was there an autopsy? Yes

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? NoIf so, specify (Signed) W. Roger Moore, M. D.(Address) St. Joseph, Mo.

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