

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.

DEC 11 1935

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 2734 Lafayette)

File No.

Registered No. 1255

St.

Ward

2. FULL NAME Lillian Frances Zirkle

(a) Residence, No. St.
(Usual place of abode)

Ward Pine Bluff, Arkansas.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ys.

mos. 2

ds.

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

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Thomas Jackson Zirkle,

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

March 15, 1868

7. AGE

YEARS

67

MONTHS

8

DAYS

12

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeping,

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

At Home,

10. Date deceased last worked at this occupation (month and year) November 1935,

11. Total time (years) spent in this occupation 50

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

Sharon, Pennsylvania,

13. NAME

Charles Rummell,

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

Unknown, Pennsylvania,

15. MAIDEN NAME

Esther Wilson,

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

Unknown, Pennsylvania,

17. INFORMANT
(ADDRESS)

Mrs. Byron B. Scanlon
2734 Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE Nov. 30th, 1935

19. UNDERTAKER
(ADDRESS)

Heaton-Biggle & Bauman
319 So. 10th. St. Lawrence, Mo.

20. FILED

1-30, 1935 John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Date of onset

Coronary obstruction

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Thrombosis 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)

(Address)

M. D.

John H. Hines
writing