JAN 30 1936

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

Do not use this space.

703

1. PLACE OF DEATH
County Cooper — Registration District No. 222 — File No. 1
Township Pilot Grove — Primary Registration District No. 4135 — Registered No.
City Pilot Grove Mo (No. ..., ... St. ... Ward)

2. FULL NAME Sophia Barfa Zeller
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. 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 Joe Zeller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 - 1870
7. AGE: 65 YEARS, 3 MONTHS, 16 DAYS. If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housl Wife
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) Nov 3 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER
13. NAME Leo Vollmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Leo Zeller Pilot Grove Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St Joseph Cem Pilot Grove Mo DATE Jan 10 1936
19. UNDERTAKER (ADDRESS) Hays Stoecklin Co Pilot Grove Mo
20. FILED 1/10 1936 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 — , 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept, 15, 1934, to Jan, 8, 1936
I last saw her alive on Jan, 6, 1936. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	?
Bronchopneumonia	Jan, 3

Other contributory causes of importance:

1070

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) J. O. Baly, M. D.
(Address) Pilot Grove, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33