

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

Do not use this space.

1146

1. PLACE OF DEATH 1-9-1936

County Jackson

Registration District No. 398

File No. _____

Township Indep

Primary Registration District No. 3019

Registered No. 240

City Indep

(No. 917 Main St. 2 Ward)

St. 2 Ward

2. FULL NAME Mary Elizabeth Zell

(a) Residence, No. 9170 N. Main St., 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth 83 yrs. 7 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19 - 1867</u> | | |
| 7. AGE - YEARS <u>75</u> | 7 MONTHS | 28 DAYS |
| | | If LESS than 1 day, ? hrs. or ? min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</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) (STATE OR COUNTRY) Pittsfield, Ills.

13. NAME John Thurman

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

15. MAIDEN NAME Helen Ann Carter

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

17. INFORMANT Vera James 917 N. Main
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE 1-17-1936

19. UNDERTAKER Chas. Mitchell
(ADDRESS) N. Main

20. FILED 1-16-1936 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 - 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 9 - 36 to Jan 15 - 1936

I first saw him alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 109 a.m.

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

Coronary atherosclerosis
Myocardial infarction
Arteriosclerosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) George J. ..., M. D.
(Address) Indep



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. _____) St. _____ Ward _____

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 9177 mail St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than day, _____ yrs. or _____ mos. 75 7 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED made 1936 L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Influenza

Date of onset _____

Other contributory causes of importance:

Endocarditis chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. G. Kinninger M. D.

(Address) Independence mo

SUPPLEMENTARY

S-1146